



PHYSICAL EDUCATION ALTERNATIVE CREDIT

Today's date _____

Student name _____

Activity to substitute for Physical Education class _____

Location of activity _____

Number of hours in activity per week _____ in total _____
(Total of 60 hours required for 1-year waiver; 30 hours for 1-semester waiver.)

Beginning date of activity _____

Ending date of activity _____

Supervisor (coach, instructor, etc.) _____

Address _____ Phone _____

Comments _____

I verify that the above student has been under my supervision for the above activity, and that the information provided above is accurate.

Signature of supervisor

Date

Office use only: Approved by _____ Date _____

Number of hours completed _____