



APPLICATION FOR OFF-CAMPUS P.E. CREDIT

Cypress Christian School

(To be completed by student and parent)

Date: _____

STUDENT: _____ GRADE: _____ SCHOOL YEAR: _____

ADDRESS: _____ PHONE NUMBER: _____

DATES OF OFF-CAMPUS ACTIVITY

START DATE: _____ ENDING DATE: _____

Parent Signature

(To be completed by the official supervising and validating activity hours)

As an employee/coach of _____, I certify _____
Name of organization Student's Name

will be under my supervision for _____. I further certify a
Describe activity

minimum of 80 hours will be spent under my supervision to earn one semester of PE credit.

Upon completion of the 80 hours I agree to provide Cypress Christian School with a written explanation of the activity, dates and hours completed. (See attached form)

Signature/Title

Work Phone #

Please attach a business card or blank letterhead for credit validation and return this completed form to the CCS Registrar who will give it to the Secondary Principal for prior approval. (After approval is given, at the end of the semester please return appropriate documentation.)

Approved _____ Not Approved _____

Secondary Principal

Date

NOTE: The Secondary School Office will contact the parent once final approval is given by principal. Student is responsible for ensuring that coach's documentation is given to the CCS registrar prior to the last day of semester finals in order to receive credit for the off-campus activities.