

# 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. At the end of the semester please return this form along with the appropriate documentation asked for above.

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

\_\_\_\_\_  
Secondary Principal

\_\_\_\_\_  
Date

NOTE: The above named student is responsible for ensuring that the required form and documentation are given to the CCS registrar prior to the last day of semester finals in order to receive credit for the off-campus activities.