



APPLICATION FOR OFF-CAMPUS P.E. CREDIT

STUDENT: _____ GRADE: _____ SCHOOL YEAR: 2019-2020

DATES OF OFF-CAMPUS ACTIVITY (Off-campus PE credit is earned per semester)

- Fall semester (August 1, 2019-December 18-2020)
- Spring semester (December 24, 2019-May 20, 2020)
- both fall and spring semesters (August 1, 2019-May 20, 2020)

Parent Signature	Date	Student Signature	Date
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NOTE: The above-named student is responsible for ensuring that the required form and documentation are turned into the MS principal or designee prior to the last day of the semester in order to receive credit for the off-campus activities.

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

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

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.

Signature/ Title	Work Phone #	e-mail
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Please return this completed form to the Middle School Principal or designee for approval. Prior to the end of the semester please submit the appropriate documentation requested above to the secondary office.

***** CCS office use *****

Approved _____ Not Approved _____

Principal _____

Date _____