

APPLICATION FOR
OFF-CAMPUS PHYSICAL EDUCATION SUBSTITUTION

DATE: _____ CAMPUS: _____

Student Name: _____ Student Id #: _____

2019-2020 Grade: _____

Address: _____ City: _____ Zip: _____

Parent Name: _____

Home Phone # _____; Cell # _____; Work # _____

TYPE OF PHYSICAL EDUCATION SUBSTITUTION REQUESTED: Category 1 - _____

Category 2 - _____

Activity/Sport: _____

Club/Facility Name: _____

Address: _____ City: _____ Zip: _____

Name of Instructor/Coach _____ Work #: _____

Cell #: _____

Number of hours training per week? _____ Hours

Has the student participated in this activity a minimum of three years? Yes _____ No _____

Is this student training with the intent to compete in the Olympics? Yes _____ No _____

Request is being made for: Fall Semester of _____ Spring Semester of _____

Student's Signature: _____

Parent's Signature: _____

Coach's/Instructor's Signature: _____

This form must be submitted with the following documentations:

- 1. Activity Program Description on letterhead from the student's coach**
- 2. Activity Workout Schedule that includes dates, times and locations of workouts.**

Office Use Only:

Approved for Category 1: _____ Denied for Category 1: _____

Approved for Category 2: _____ Denied for Category 2: _____

Principal: _____ Date: _____