

ALTERNATIVE PHYSICAL EDUCATION CONTRACT

Student Applicant _____

Graduation Year _____

Parent/Guardian of Applicant _____

Parent/Guardian Phone Number (H) _____ (C) _____

In the following space, please describe how you intend to meet the requirements identified in the Physical Education Exemption Handbook for Alternative Physical Education.

Alternative Program Information

Name of Program/Organization _____

Supervising Instructor _____

Instructors Phone Number _____

Name/Address of Facility _____

Student- Parent/Guardian: By signing below, I declare that I have read and agree to the terms provided in the Physical Education Exemption handbook.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Instructor: By signing below, I declare that I have read and agree to the terms provided in the Physical Education Exemption Handbook.

Instructor Signature: _____ Date: _____

Administrative Approval: Yes No _____

Matthew Librock, Director of HPEA