

Shelton School District
Physical Education Alternative .5 Credit Request – SCHOOL BASED ACTIVITY
Student REQUEST Form

This form is to be completed by the student for each semester alternative credit is requested.

The form must be received no later than the 5th day of the semester for which the request is being made.

Application Date: _____ Semester Applying For: _____

Student Name: _____ Grade: _____

School: _____ Graduation Year: _____

How many credits of physical education have you completed?

- None .5 1.0

Sport or activity that will satisfy alternative credit requirement (requires signature of coach or activity advisor):

I understand that if the physical education alternative credit request is approved I must submit complete documentation of 65 hours of physical activity through school-based athletics or activities by the last week of the semester.

This activity must be verified by the coach or activity advisor. To qualify for credit, I must complete the season in good standing.

Student Signature

Parent Signature

Alternative Credit Request is: Approved Not Approved

Coach/Advisor Signature

Counselor Signature

Administrator Signature

Date

A copy of this completed form should be given to the student/family and a copy retained on file in the counselor's office until the end of the semester. If requirements are completed at the end of the semester, this form should be placed in the student's cumulative file along with the VERIFICATION form.