

Shelton School District
Physical Education Alternative .5 Credit Verification – SCHOOL BASED ACTIVITY
Student VERIFICATION Form

This form is to be completed by the student to document completion of pre-approved alternative credit activity.

The form must be received by the last week of the semester for which the alternative credit is requested.

Student Name: _____ Grade: _____

School: _____ Graduation Year: _____

Sport or activity approved for alternative credit: _____

I have previously completed a PE course in the Shelton School District that addressed the knowledge component of physical fitness: yes no

I have attached the following documentation:

- Calendar verifying 65 hours of physical activity
- (Optional) Other: _____

I hereby verify that I have completed 65 hours of physical activity as pre-approved for alternative .5 physical education credit. If I have not previously participated in a PE class I further verify that I have demonstrated knowledge of fitness concepts as required by Shelton School District. I have completed the season in good standing.

 Student Signature

 Parent Signature

 Coach/Advisor Signature

 Date

Alternative Credit is: Granted Not Granted

 Administrator

 Counselor Signature

Credit has been entered on student transcript: yes no

 Registrar Signature

 Date