



OFF-CAMPUS INDEPENDENT STUDY PHYSICAL EDUCATION -- ATTENDANCE AND PERFORMANCE RECORD

STUDENT NAME: _____ GRADE: _____ AGE: _____ SPORT: _____

SPORT DESCRIPTION:
OBJECTIVES FOR THIS TERM:

DATE	TRAINING ACTIVITY	TIME	TOTAL HOURS	COACH INITIALS	JG
		BEGIN - END			
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The coach signing this form is certifying that the student named above has actively participated in the sport described above for a minimum of five hours per week. This sport is taking the place of the standard PE requirements at Happy Academy and will become a part of the student's academic record.

TOTAL NUMBER OF HOURS THIS MONTH: _____ DATE SUBMITTED: _____

COACH SIGNATURE	STUDENT SIGNATURE
PARENT SIGNATURE	HEADMASTER SIGNATURE