



Application for Alternative Program to Meet Physical Education Requirement

Directed athletics and activities must comply with parameters established by the Everett Public Schools' policies and procedures. Certain hazardous activities are prohibited. The district has the right to reject any activity that is judged to be unsafe.

Student Information

Name _____ Student # _____
School _____
Address _____ Home Phone _____
(Street, City, Zip)

Directed Sport/Activity participating in: _____
(Successful completion of two different school sports seasons during the school year meets the requirement. List all school sports the student plans to play.)

Organization: _____

I wish to meet the PE requirement through this alternative program. I understand that if I do not complete the necessary minutes, documentation or reflection, I will either need to repeat the process or take a PE course. I understand this process will fulfill a PE requirement but will not result in credit.

Student Signature _____ Date _____

I agree that my student may pursue this alternative program to meet the PE requirement. If the necessary minutes, documentation or reflection are not completed, my student will be required to repeat the process or take a PE course. I understand this process will fulfill a PE requirement but will not result in credit. It is my responsibility to know the details of my student's meetings including where, when, length, purpose and with whom.

Parent/Guardian Signature _____ Date _____

Activity Supervisor Information

(Not necessary for school sponsored sports)

Name: _____ Title: _____

Sponsoring Organization: _____

Address _____
(Street, City, Zip)

Home Phone _____ Work/Cell Phone _____

I agree to supervise this student in this alternative program. I will participate in the process and honestly document and approve all activities and/or hours the student participates in. I attest that I am not the parent, guardian or sibling of the student.

Supervisor Signature _____ Date _____

I approve this student's PE requirement plan.

Principal Signature _____ Date _____

To be completed at the end of the term

The student has met the PE requirement.

Principal Signature _____ Date _____