



**PHYSICAL EDUCATION FLEX CREDIT
ACKNOWLEDGEMENT OF PARTICIPATION**

THIS FORM IS TO BE COMPLETED AND TURNED INTO YOUR COUNSELOR AT THE END OF THE SEMESTER YOU ARE APPLYING FOR FLEX CREDIT AND COMPLETION OF THE ACTIVITY. IT IS REQUIRED TO RECEIVE YOUR 1/4 CREDIT.

The flex credit policy allows a student who participates in a regular, structured physical activity to flex credit 1/4 credit of Physical Education. To flex 1/4 credit, the student must participate in 60 hours of activity during the specified semester. Students must also attend a session scheduled during the semester to complete the required assessments associated with the 1/4 credit.

Please complete the following form acknowledging that the student has completed a minimum of 60 hours of structured, regular physical activity. This form is to be turned in to the guidance office prior to the last day of the semester to earn 1/4 flex credit of Physical Education.

STUDENT INFORMATION

NAME: _____ **GRADE:** _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: _____

SCHOOL COUNSELOR: _____

COURSE INFORMATION

COURSE (Check one): _____ Physical Education I _____ Physical Education II

SCHOOL YEAR: _____ **SEMESTER:** _____

DATE OF ASSESSMENTS: _____

ACTIVITY INFORMATION

ACTIVITY: _____

COACH/SUPERVISOR: _____

FREQUENCY/AMT OF ACTIVITY: _____

(Ex: 2 hours a session - 3 times per week)

TOTAL HOURS DURING SEMESTER: _____

SIGNATURES REQUIRED: The signatures below acknowledge the student has completed 60 hours of structured, regular physical activity as listed in the flex credit application.

STUDENT: _____ **DATE:** _____

PARENT/GUARDIAN: _____ **DATE:** _____

COACH/SUPERVISOR: _____ **DATE:** _____

COUNSELOR: _____ **DATE:** _____