



PHYSICAL EDUCATION FLEX CREDIT APPLICATION

THIS FORM IS TO BE COMPLETED AND TURNED INTO YOUR COUNSELOR PRIOR TO THE SEMESTER YOU ARE APPLYING FOR FLEX CREDIT AND PRIOR TO THE START OF THE ACTIVITY YOU ARE PARTICIPATING IN FOR CREDIT. IT REQUIRES APPROVAL BY A FLEX CREDIT COMMITTEE.

The flex credit policy allows a student who participates in a regular, structured physical activity to flex credit $\frac{1}{4}$ credit of Physical Education. To flex $\frac{1}{4}$ credit, the student must participate in 60 hours of activity during the specified semester in addition to completing state required activities and assignments. Students must attend an assessment session scheduled at the end of the semester in order to turn in the required written assignments and complete the required physical activity assessments associated with the $\frac{1}{4}$ credit.

Please complete the following application. This application is to be turned in to the guidance office prior to the beginning of the semester you will be using this activity to earn flex credit Physical Education. An Acknowledgement of Participation form signed by the activity coach/supervisor is required at the end of the semester.

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: _____

ACTIVITY INFORMATION

ACTIVITY: _____

COACH/SUPERVISOR: _____

NAME OF ORGANIZATION: _____

CONTACT INFORMATION: PHONE _____

EMAIL _____

FREQUENCY/AMT OF ACTIVITY: _____
(Ex: 2 hours a session 3x per week)

TOTAL HOURS DURING SEMESTER: _____

SIGNATURES REQUIRED: The signatures below indicate you have read the credit flex application and agree with the purpose and contents of this specific proposal.

STUDENT: _____ DATE: _____

PARENT/GUARDIAN: _____ DATE: _____

COACH/SUPERVISOR: _____ DATE: _____