

**NORTH SALEM HIGH SCHOOL
PHYSICAL EDUCATION DEPARTMENT
REQUEST FOR ALTERNATIVE PHYSICAL EDUCATION PROGRAM**

Name: _____ Grade: _____ Date: _____

Parent Name: _____ Address/City/Zip: _____

P.E. Teacher: _____ Guidance Counselor: _____

1. Must be a Junior or Senior
2. Must pass Physical Education for the 1st, 2nd and 3rd marking period with a minimum of 85 or played a varsity sport for the prior season.
3. Must submit this request form signed by student, parent, Program Instructor (outside agency) and PE teacher
4. A minimum of 2 hrs. and 45 minutes per week must be spent in the alternative program
5. Students may elect to take the Alternative Program during the 2nd, 3rd, and half of the 4th marking periods. Students must report to class until the request has been approved.
6. Application must be submitted and approved **prior to the start of the marking period.** Applications received after the start of the marking period will not be accepted.
7. Students are required to keep and submit a daily log and an evaluation by the Instructor. Evaluations must be submitted on business letterhead **or it will not be accepted.**
8. Log and evaluation must be submitted by the following dates **to the Director of Athletics:**
2nd Marking Period – Due by _____
3rd Marking Period – Due by _____
4th Marking Period (Half) – Due by _____

Grading System:

Log and evaluation submitted by due date - P = 100

1 Day Late – P = 85

2 Days Late – P = 70

3 Days Late – F = 60

Failure to return paperwork - F = 50

9. Activities not offered in the scope of our Physical Education and Interscholastic Athletic program will be eligible for approval in the Alternative Physical Education Program.
10. If the log and evaluation are submitted late, the student will no longer be eligible for Alternative PE for the remainder of the year.

We have read and understand the requirements of the Alternative Physical Education Program.

(Signature of Student)

(Signature of Parent)

(Signature of PE Teacher)

(Parent Email Address)

Signature of Program Instructor: _____

Outside Agency: Name of Program Instructor: _____

Business Name and Address: _____

Phone Number: _____ Fax Number _____

Instructor E-Mail Address: _____

(Must be provided for confirmation)

Brief Description of Program:

Action Taken by Physical Education Department:

Comments:

Approved: _____

Not Approved: _____

(Department Chair/Physical Education)