



# Physical Education

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Advisor: \_\_\_\_\_

*P.E. Exemption is made available to students who participate in out-of-school athletic pursuits and/or training when that commitment exceeds 6 hours per week. Hours must be documented below each week. Coach/instructor must verify hours by signing at the bottom of the form the last week prior to turning in.*

Week of	Hours Per week
Sept. 3	
Sept. 11	
Sept. 17	
Sept. 24	
Oct. 1	OUTDOOR ED-----
Oct. 8	
Oct. 15	
Oct. 22	
Oct. 29	
Nov. 5	
Nov. 12	
Nov. 19	
Nov. 26	
Dec. 3	
Dec. 10	Log form and essay due

I \_\_\_\_\_ (coach/ instructor signature), hereby acknowledge the information above is true and accurate. Please contact me at \_\_\_\_\_ (telephone number) if you have further questions. The total amount of hours \_\_\_\_\_ (name of student) completed this trimester are \_\_\_\_\_ (total number of hours).