

Escondido Union High School District

Application for Physical Education Credit for Interscholastic Participation (CIF) (Revised 6-22-17)

Credit

Student—athletes may be granted 5 credits for participation in a district interscholastic (CIF) athletic program for a season of sport. Student athletes will be graded Pass/Fail.

Interscholastic Physical Education Credit

1. Interscholastic (CIF) Physical Education Credit Contracts are limited to students in grades 10-12.
2. A maximum of 10 credits may be used towards meeting the Physical Education graduation requirement only. No additional credits will be granted as elective credits.
3. Interscholastic (CIF) Physical Education credit cannot be used to make up/repeat a grade for a regular physical education class that was failed.
4. Requests for Interscholastic (CIF) Physical Education credit must be submitted in writing using the attached forms. Steps to Requesting Interscholastic (CIF PE) credits:
 - At the BEGINNING of the CIF Season:**
 - « The student-athlete and coach complete the applicable sections of Interscholastic (CIF) Physical Education Credit Application. (Forms are available in the Counseling and AP offices.)
 - » The student returns the completed application to the registrar.
 - The registrar provides a copy to the student's counselor for scheduling purposes.
 - At the END of the CIF Season:**
 - The registrar provides copies of all Interscholastic Physical Education (CIF PE) forms to the AP of Athletics.
 - The AP of Athletics and the Athletic Director work together to obtain the sport information and the signature of the coach/instructor on page 2 of the application. The coach/instructor signs off in the presence of the AP/AD.
 - After the coach/instructor completes and signs the form, the AP or the AD signs to approve the form.
 - The AP or AD returns all approved paperwork to the registrar.
 - The registrar provides a copy of the completed and approved form to the counselor and enters the credit on the transcript.
5. All conditions of the contract must be completed before credit will be issued. Failure to meet the conditions of the contract shall result in a drop from the program and a loss of credit for the semester in progress. If a student athlete is injured during the season, credit may be earned if the appropriate number of hours has been accrued. The school principal or designee will verify hours prior to granting credit.

Interscholastic Physical Education Credit (CIF) Application

This section MUST be completed at the BEGINNING of the CIF season by the student, parent and coach/instructor

Student's Name (Print) _____ ID No. _____

Grade: _____ School: _____ School Year 20 _____ -20 _____

Parent/Guardian Name: _____

Counselor: _____

Sport: _____ Season beginning date: _____ Season ending date: _____

Name of coach _____

TERMS AND CONDITIONS understood and agreed to by the student-athlete and his/her parent/guardian:

- a. All established guidelines and expectations related to the CIF sport will be followed.
- b. The student-athlete will be responsible for completing the student section of the form and turning it into the registrar at the beginning of the season.
- c. The coach/instructor will be asked to supply verification of participation by the student-athlete. If the student-athlete fails to participate during the dates indicated, this contract will be canceled and the student will be required to complete the regular school P.E. program.

Parent/Guardian Signature Phone number Date

Printed Name of Student Signature of Student Date

Printed Name of Coach/Instructor Signature of Coach/Instructor Date

This section MUST be completed at the END of the CIF season by the coach/instructor, AP/AD and registrar.

I verify that I coached/instructed this student in (sport) _____. The student participated for at least _____ hours per week from (date) _____ to (date) _____.

Printed Name of Coach/Instructor **Signature of Coach/Instructor** Date

STUDENTS - DONOT FILL OUT BELOW THIS LINE

FOR OFFICE USE ONLY

Circle one: APPROVED/DENIED

Principal/Designee or AD Signature

Recorded on Transcript by Registrar:

Registrar's Signature Date

Copy provided to Counselor (Name) _____ Date _____