

Student Directions:

- 1) Complete top half of form and submit to school for approval.
- 2) The form will be returned to you marked as either *APPROVED* or *DENIED*.
 - If *DENIED*, resubmit with corrections for approval.
- 3) **At the end of the season**, complete signatures at **bottom** of form and submit to school to receive PE credit.

SCHOOL USE ONLY:

APPROVED _____

DENIED _____

PE Credit for Commuting to School
Summit Preparatory Charter High School
Formal Plan for Outside Physical Activity Form
2009-2010 School Year

Please use this form if you plan on completing all or part of your Summit PE hours through physical activity by way of community to school (walking, biking, skating, etc.)

** Complete a separate form for each time period **

| | | | | |
|-----------------------|--|---|---|--|
| Session (circle one): | Semester 1 Aug 24 - Dec 18 2009 | Intersession 1 Jan 4 - Jan 29 2010 | Semester 2 Feb 1 - May 14 2010 | Intersession 2 May 17 - Jun 11 2010 |
|-----------------------|--|---|---|--|

Student: _____ *Student name written exactly as in Power School* Mentor: don't forget this!

Parent/Guardian: _____ Phone: _____

Parent/Guardian Email: _____

Mode of Commuting: biking, walking, running, etc

Distance traveled per school day (attach print copy of internet map): _____ miles/day

Expected time spent exercising per day: _____ hours/day

Total Number of expected days spent exercising for the season: _____ days/season
(Semester 1: 79 days total / Intersession 1: 19 days total / Semester 2: 66 days total / Intersession 2: 19 days total)

Total Number of expected hours spent exercising for the session: _____ hours/session

all informatio:
completed &
turned into
mentor
before the
first day of
the circled
session
→ give to
MENTOR!

Do Not Detach Here

If approved, please return to school with signatures by the Session due date (Semester 1: Dec 31 / Intersession 1: Feb 11 / Semester 2: May 28 / Intersession 2: Jun 25)

By signing below I attest that the above _____ ^{hours} are factual and were completed by the listed student, OR if the student completed less than the hours set forth above, I attest that the student completed _____ total hours.

OR hours completed if different than approved amount

complete after session is over & give to MENTOR

Signature of Student _____

Date _____

Signature of Parent/Guardian _____

Date _____

SIGN AFTER ALL HOURS FOR THIS ACTIVITY ARE COMPLETE