

**The Bishop's School**  
**Application for OFF-CAMPUS Physical Education Credit**

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

Please return the completed form to the Dean of Students by the date listed below:

Trimester: 1- Fall \_\_\_\_\_ Application due August 27, 2010  
2-Winter \_\_\_\_\_ Application due November 19, 2010  
3-Spring \_\_\_\_\_ Application due February 25, 2010

Activity: \_\_\_\_\_

This activity IS \_\_\_ or IS NOT \_\_\_ offered at The Bishop's School. I understand that if it is offered at The Bishop's School, I MUST participate on the The Bishop's School team.

***This activity meets on at least 3 DIFFERENT days and includes at least 4 HOURS of activity. 9<sup>th</sup> graders may not receive credit for off-campus activities. Please attach a schedule of practices, competitions, and any other materials that may help with our decision.***

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

As the parent of the above student, I understand my child's responsibilities and those of his/her instructor.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

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***As an instructor/coach of the above student, I understand that I must sign off on a log sheet, and assign a grade (A-F) for the trimester. At the end of the trimester the log sheet and grade will be mailed to the Dean of Students Office. \_\_\_\_\_ Initial***

\_\_\_\_\_  
Instructor/coach printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor/coach signature

\_\_\_\_\_  
Phone number

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

***You must attend a Fitness Class until this form is turned in***  
If you do not turn in this form or go to a fitness class it will result in a class cut.