

# Request for Off-Campus PE

Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Type of Activity: \_\_\_\_\_

Approx. Hrs Per Week: \_\_\_\_\_

Activity Instructor/Coach: \_\_\_\_\_

(May not be a family member)

Description of physical activity:

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I understand that I will be contacted by SACS Administration with my Approved Plan or Denial. I also understand that if approved, I must log the specific date and time for each activity.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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*for office use only*

Student is required to obtain the initial of coach/instructor for each instance (date) of activity.

Communication notes regarding request:

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Plan is APPROVED as stated above

Plan is APPROVED with these revisions:

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Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

DENIED

Reason for DENIAL:

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Denied by: \_\_\_\_\_

Date: \_\_\_\_\_