

# CHAPARRAL STAR ACADEMY

## OFF CAMPUS PHYSICAL EDUCATION SUBSTITUTION APPLICATION

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

Address: \_\_\_\_\_

Parent Home Phone: \_\_\_\_\_ Parent Work Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Application for Which Semester?                  Fall \_\_\_\_\_                  Spring \_\_\_\_\_

*Please choose the option to which you are applying by circling below:*

**OPTION 1:** Olympic-level participation and/or competition includes a minimum of 15 hours per week of highly intensive, professional, supervised training. The training facility, instructors, and the activities involved in the program must be certified by the superintendent to be of exceptional quality. Students qualifying and participating at this level may be dismissed from school one hour per day. Students dismissed may not miss any class other than physical education.

**OPTION 2:** Private or commercially-sponsored physical activities include those certified by the superintendent to be of high quality and well supervised by appropriately trained instructors. Student participation of at least five hours per week must be required. Students certified to participate at this level may not be dismissed from any part of the regular school day.

**OPTION 1    or    OPTION 2**

Agency Site Name where the student participates: \_\_\_\_\_

Address of where student participates: \_\_\_\_\_

Student's Instructor: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

**MUST BE ATTACHED  
TO THIS FORM**

- 1.) Summary of qualifications of instructor (e.g. resume)
- 2.) A brief explanation of the activity
- 3.) A log of time **TO BE SPENT**, signed by instructor

*By signing this form, we state that we acknowledge the understanding that this program will substitute for a course that may be required for graduation, and that failure to complete the requirements or submit information in a timely manner could hinder the graduation plan. We also certify that the student has participated in the high quality physical activity for the time necessary as explained above and on the attachments.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date