

CHAPARRAL STAR ACADEMY

OFF CAMPUS PHYSICAL EDUCATION VERIFICATION OF HOURS

Student Name: _____
Address: _____
Parent Home Phone: _____ Parent Work Phone: _____
Contact E-mail: _____
Application for Which Semester? Fall _____ Spring _____

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**

Log of actual time spent by student in activity, **signed** by
verified instructor

By signing this form, we state that we acknowledge that the student has completed the hours (according to the log attached) in the aforementioned activity as stated.

Student Signature

Date

Parent/Guardian Signature

Date

Instructor Signature

Date

**The student will not receive OCPE credit
toward high school graduation until this form
is received & verified.**