



GATEWAY HIGH SCHOOL

PHYSICAL EDUCATION – 2016-2017
ALTERNATE ACTIVITY RECORD & HOURS LOG

Student Name: _____

Grade Level: _____ **Advisor:** _____

***Name of Alternate Activity:** _____

***Name of Supervisor/Instructor/Coach:** _____

Supervisor/Instructor/Coach *IS NOT* my Parent/Guardian

Supervisor/Instructor/Coach *IS* my Parent/Guardian

***Name of Organization:** _____

***Address:** _____ **City, State, Zip:** _____

***Telephone:** _____

[- Required Fields]*

Supervisor/Organization Email Address: _____

Brief Description of Activity: _____

[FOR ATHLETIC DIRECTOR USE ONLY]

HOURS ACCEPTED: _____ **TOTAL # HOURS CREDITED ON THIS FORM:** _____

HOURS DENIED _____ **REASON FOR DECLINATION:** _____

SIGNATURE: _____ **DATE:** _____



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Total Hours on this Form: