



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: _____



Total Hours on this Form: _____