



GATEWAY HIGH SCHOOL

**PHYSICAL EDUCATION – 2018-2019**  
**ALTERNATE ACTIVITY RECORD & HOURS LOG**

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

**Grade Level:** \_\_\_\_\_ **Advisor:** \_\_\_\_\_

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**\*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:** \_\_\_\_\_

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**Brief Description of Activity:** \_\_\_\_\_

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**[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:*