

# ATTENDANCE FORM FOR APPROVAL OFF CAMPUS PE WAIVER ACTIVITIES

## WESTLAKE HIGH SCHOOL    EANES ISD

Instructions for Participating Agency. Please complete the following information:

In order for \_\_\_\_\_ Student ID # \_\_\_\_\_

to receive PE Credit for the \_\_\_\_\_ semester, 20\_\_\_\_, you must complete and submit this form to Westlake High School for verification and approval for credit. This form needs to be submitted every 9 weeks, so that the school can verify progress in the hours needed. The student needs to submit a copy of this form on [whschaps.com/student life](http://whschaps.com/student life) in order to receive PE Waiver Credit. Students must participate in this activity for a minimum of 90 hours in order to be eligible for one half unit of credit.

Name of Activity: \_\_\_\_\_

Please include mailing address, email address and telephone number for the following:

Agency Providing Instruction: \_\_\_\_\_

Instructor Providing Instruction: \_\_\_\_\_

### PE WAIVER LOG AND RECORD OF STUDENT ATTENDANCE

Date of Attendance	# Of Hours	Signature of Instructor	Date of Attendance	# Of Hours	Signature of Instructor

**PE WAIVER LOG CONTINUED ON BACK...**

**\*\*PLEASE NOTE THAT EACH AND EVERY PE ACTIVITY NEEDS TO BE INDIVIDUALLY RECORDED AND SIGNED BY INSTRUCTOR\*\***

Did the student meet your objectives for this program for the semester? If you check "Yes", the school will assign a grade of "Passing".    \_\_\_\_\_ Yes    \_\_\_\_\_ No

**Certification of Attendance:**

I, \_\_\_\_\_ certify that the student named above have been an active participant in the activity described above for a total of \_\_\_\_\_ hours during the semester covered by the attendance report.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Title Position: \_\_\_\_\_ Contact e-mail: \_\_\_\_\_

Contact phone #: \_\_\_\_\_

