

Application for Independent Study Physical Education

Los Gatos-Saratoga Union High School District

- Full Year
 Fall Semester Only
 Spring Semester Only

School Year: 20__ – 20__

Name: _____ Birthdate: _____ Grade: _____
Parent/Guardian: _____ Home #: _____ Cell #: _____
Home Address: _____ City: _____ Zip: _____
ISPE Activity: _____ Level of Proficiency: _____
Agency/Organization Name: _____ Supervisor: _____
Agency/Organization Address: _____ City: _____ Zip: _____
Coach/Instructor: _____ Phone #: _____
Place of Training (Name): _____
Address: _____

Training Days: _____ Time: _____ Start Date: _____
Hours per Week: _____ Finish Date: _____

The above named student will be supervised for a minimum of 170 hours per semester under qualified Agency personnel. The undersigned sponsoring agency agrees to:

- provide the School/District with the necessary information to assist in the evaluation of the student throughout each semester
- allow School/District personnel to observe the student practice and/or perform
- notify the School/District in writing within one week if the student withdraws from the program

Authorized Agency Representative

Printed Name

Title: _____

Signature

Date: _____

The undersigned student and parent/guardian agree to all provisions of the above Agency Agreement. In addition, the student and parent/guardian agree to:

- provide the School/District with accurate attendance reports and other information necessary for evaluation
- submit the Activity Log to the school Guidance Office by the announced deadline for credit to be assigned
- notify the School in writing within one week if the student withdraws from the program
- recognize that transportation of the student to and from the ISPE Agency is the responsibility of the student and parent/guardian
- provide all instructional supplies, textbooks, equipment, and/or other materials necessary for ISPE participation
- recognize there will be no costs incurred by the District for the student's participation in ISPE

Failure to meet the requirements of the Independent Study Physical Education Agreement will render a student ineligible to continue in the program during subsequent semesters.

Signature of Student

Date

Signature of Parent/Guardian

Date

The District ISPE Committee Action

Approved Not Approved Comments: _____

Authorized Signature

Title

Date