

This application is for students who can provide proof that they participate in an activity that may be recognized for high school credit. An activity that earns 90 hours in a semester is eligible for 0.5 credits.

To be completed by Student and Parent

Student Name: _____ Date: _____

High School: _____ Grade: _____

Parent/Guardian Name: _____ E-Mail: _____

Home Address: _____ Phone: _____

Which graduation requirement area are you seeking credit for? _____

How many credits have you earned thus far in this area? _____

How many credits do you have remaining to earn in this area? _____

Section 2: You must apply for substitute credit before the semester or activity begins. Please note that, according to Washington State law, you may not receive substitute credit for a sport or activity that is financially supported by ASB. All inter- and intramural sports, music groups, or other cultural activities fall into this category. **This application for credit MUST be submitted, with all required signatures, to your counselor PRIOR to beginning your off-campus instruction and BEFORE the beginning of the semester during which you plan to earn credit.**

For outside credit requests for PE, students shall be required to complete a **Documentation of Learning Packet** which includes demonstrating proficiency in the knowledge portion of the fitness requirement through the successful completion of an Edmonds School District Outside Credit Assessment (OCA). Students will be also required to pay a \$30.00 processing fee. The Documentation of Learning Packet can be found on the district's Health and Fitness website at <http://www.edmonds.wednet.edu/page/466>.

Final credit will only be issued pending review and approval of the completed Documentation of Learning materials by a designated building instructor. It is your responsibility to complete and submit the required Documentation of Learning materials to the main office no later than the last day of the grading period. The Registrar will post the credit to your transcript as soon as possible. Parents and immediate family members may NOT be the signing instructor/coach.

Students may not begin completing a Documentation of Learning packet until all signatures are obtained for this Application Form verifying approval to seek the outside credit.

To be completed by the Instructor/Coach

Please Complete	
Activity:	
Instructor/Coach name:	
Instructor/Coach phone number:	Instructor/Coach e-mail:
Instructor/Coach qualifications (certificate, experience, degrees):	
Goals and objectives of this activity:	
How many weeks per school year will the student participate?	
Where will instruction take place?	

Instructor/Coach signature: _____ Date: _____

To be completed by Parent and Student

Student and Parent Agreement: I understand that Edmonds School District will have no responsibility of liability for any claims which I may have arising from my participation in private instruction. I have read and agree to follow the guidelines governing private instruction for high school credit.

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

To be completed by the Counselor, Physical Education Teacher, and School Principal

Counselor's supporting statement:

Counselor signature: _____ Date: _____

Counselor: Attach a printout of the student's grade book to this page.

Physical Education teacher signature: _____ Date: _____

Principal signature: _____ Date: _____