

**NORTH SALEM HIGH SCHOOL  
PHYSICAL EDUCATION DEPARTMENT  
REQUEST FOR ALTERNATIVE PHYSICAL EDUCATION PROGRAM**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

P.E. Teacher: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_

1. Must be a Junior or Senior and must pass Physical Education for the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> marking period with a minimum of 85 or played a varsity sport for the prior season.
2. Must submit this request form signed by student, parent, Program Instructor (outside agency) and PE teacher
3. A minimum of 2 hrs. and 45 minutes per week must be spent in the alternative program
4. Students may elect to take the Alternative Program during the 2<sup>nd</sup>, 3<sup>rd</sup>, and half of the 4<sup>th</sup> marking periods. Students must report to class until the request has been approved.
5. Application must be submitted and approved **prior to the start of the marking period. Applications must be submitted for each marking period.** Applications received after the start of the marking period will not be accepted.
6. Students are required to keep and submit a daily log and an evaluation by the Instructor. Evaluations must be submitted on business letterhead **or it will not be accepted.**
7. Log and evaluation must be submitted by the following dates **to the Director of Physical Education:**

2<sup>nd</sup> Marking Period – Application due by: 11/7/2025  
Exempt Date: 11/10/2025  
Log/Evaluations due by: 1/23/2026  
Return to PE: 1/26/2026

Grading System:

Log and evaluation submitted by due date - P = 100

1 Day Late – P = 85

2 Days Late – P = 70

3 Days Late – F = 60

Failure to return paperwork - F = 50

8. Activities not offered in the scope of our Physical Education and Interscholastic Athletic program will be eligible for approval in the Alternative Physical Education Program.
9. If the log and evaluation are submitted late, the student will no longer be eligible for Alternative PE for the remainder of the year.

We have read and understand the requirements of the Alternative Physical Education Program.

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Signature of PE Teacher)

\_\_\_\_\_  
(Parent Email Address)

Signature of Program Instructor: \_\_\_\_\_

Outside Agency: Name of Program Instructor: \_\_\_\_\_

Business Name and Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

Instructor E-Mail Address: \_\_\_\_\_

(Must be provided for confirmation)

Brief Description of Program: (Use back if more space is needed)

Action Taken by Physical Education Department:

Comments:

Approved: \_\_\_\_\_

\_\_\_\_\_

Not Approved: \_\_\_\_\_

(Director of Physical Education)