



## INDEPENDENT P. E. - RELEASE TIME FORM

Student Name: \_\_\_\_\_ Grade : \_\_\_\_\_

Student ID #: \_\_\_\_\_ Campus: \_\_\_\_\_

**Dear Parent / Guardian:** You have requested that your child enroll in Independent Physical Education (IPE) for the upcoming school year. Release times will be granted based upon scheduling availability during the first and last period of the school day. Please indicate the semester(s) and class period you are requesting:

Semester 1 \_\_\_\_\_ and /or Semester 2 \_\_\_\_\_ Period 1 \_\_\_\_\_ or Period 7 \_\_\_\_\_

### Course Requirements:

- Students are required to be enrolled in a minimum of 5 class periods per semester.
- Parents are responsible for providing transportation to accommodate release times.
- Students may not loiter on campus after release times.
- Must be a competitive athlete outside of the school sport's setting.
- Proof of registration / enrollment verification required.** Send to:  
[mary.kaczmarowski@gilbertschools.net](mailto:mary.kaczmarowski@gilbertschools.net)
- Train / compete in the sport(s) most days and weekends (minimum of 50 hours per quarter).
- Turn in a Training Log sheet, signed by the coach at the end of each quarter.
- Failure to turn in training logs will result in removal from the program.
- IPE may be repeated for up to 1 credit of junior high course credit.
- School Administrators reserve the right to revoke release time privileges at any time
- Students must meet all qualifications to participate in this program.

(over)

Sport: \_\_\_\_\_

Program: \_\_\_\_\_

Coach: \_\_\_\_\_

Coach's Contact Information: \_\_\_\_\_

Average Training / Competition Hours per week: \_\_\_\_\_

Parent Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work / Cell Phone: \_\_\_\_\_

Parent email address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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**In Office Use Only:**

\_\_\_\_\_ Approved

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

Reason: \_\_\_\_\_

Counselor / Administrator Signature: \_\_\_\_\_