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 previous quarter with a minimum of 85 or played an interscholastic sport for the prior season.
2. Must submit this application form signed by student, parent, Program Instructor (outside agency) and PE teacher. Once this is completed, please submit it to the Director of Physical Education.
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 PE Program during the 2nd, 3rd, and half of the 4th marking periods. Students must report to class until the application has been approved. Juniors approved in this program must report to their PE teacher for attendance and then report to the library.
5. Application must be submitted and approved **prior to the start of the marking period. Applications must be submitted for each marking period.**
6. Students are required to keep and submit a daily log and obtain verification of the activity from their instructor. Daily log includes the date/length of activity. Verification from instructor must be submitted on business letterhead.
7. Daily Log and verification must be submitted by the dates below **to the Director of Physical Education:**

2nd Marking Period – Application due by: 11/6/2026
Except Date: 11/10/2026
Log/Verification due by: 1/22/2027
Return to PE: 1/25/2027
Grading System: Log and verification submitted by due date - P = 100
Failure to return paperwork - F = 50

8. Activity must be equivalent to a course description related to the field of physical education and involve a sequential learning process leading to an identifiable goal. Examples: performance, tournament, competition, race etc. Recreational activities, gym memberships, ski weekends, do not meet eligibility requirements.

9. Course credit for an approved alternative physical education arrangement is conditioned upon successful completion of all requirements.

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)_____