

**Request for Alternative Credit for Physical Education  
Germantown Municipal School District**

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Activity: \_\_\_\_\_

Dates of participation: \_\_\_\_\_

- The listed activity included a minimum of 80 hours of actual physical activity.
- The student successfully completed the entire season for this activity.
- The student attended at least 90% of the practices, rehearsals, events, or contests.
- The student and activity meet all requirements set forth in policy, **Alternative Credit for Physical Education**.

By signing this I certify that the student meets the above requirements.

Coach/Sponsor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Coach/Sponsor signature: \_\_\_\_\_

Date: \_\_\_\_\_