

PEMBERTON TOWNSHIP HIGH SCHOOL  
OPTION TWO: ALTERNATE PHYSICAL EDUCATION

**CONTRACT (Physical Education)**

**Student's Name:**

**Date:**

**Course Title:** Physical Education   **Credits:** 3.75   **Weighting:** No weight (Pass or Fail)

The undersigned agree to the following:

1. The sport/activity must occur during the academic school year.
2. The sport/activity must be above and beyond participation in our high school team.
3. The sport/activity must meet or exceed the PTHS minimum of 90 hours per academic school year.
4. The sport/activity must be supervised by an accredited/certified coach or teacher.
5. **Student must also take an online health course through PLATO (offered through PTHS). Course must be completed independently**
6. The application is good for only one physical education course for the academic school year in which was accepted.
7. If not meeting the above criteria, application must be reviewed by the Committee.

**\*Students who are unable to complete the requirements of the Physical Education Option II program for any reason must immediately notify their guidance counselor so that they may be scheduled for a physical education class. Physical Education is a state mandated course required for graduation. Failure to successfully meet this requirement will affect your ability to receive a high school diploma and participate in graduation exercises and will result in failure.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coach/Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Curriculum Standard and Minute Log**

Marking Period: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Week Beginning: \_\_\_\_\_

Teacher/Coach: \_\_\_\_\_

	Date Range	Weekly Minutes	List of Activities	Coach's Initials
Week 1				
Week 2				
Week 3				
Week 4				
Week 5				
Week 6				
Week 7				
Week 8				

Student is required to maintain a record of completion with this form and all related documentation for class credit.

**To be completed at the end of the PE Option II Program:**

**Student's Grade:**      P      or      F  

**# of Hours Completed:** \_\_\_\_\_

*(Must meet or exceed 90)*

\_\_\_\_\_  
**Coach or Advisor's Original Signature**

\_\_\_\_\_  
**Date**

**Any documentation that has been forged, plagiarized, or cannot be verified by the coach or advisor will result in a Failure for the course.**