



Physical Education Approval
Physical education outside of MAMS or WPI

This section is to be completed prior to your Physical Education Activity.

Student Name: _____ **TERM** _____

P.E. Activity Description (minimum 14 hours): _____

Contact Name: _____

Address: _____

City, State, Zip Code: _____

Contact Phone Number: _____

Signature of Senior Advisor _____

Signature of Director: _____

This section is to be completed at the conclusion of your P.E. Activity.

I _____ **certify that this student has completed** _____ **hours**
Coach/mentor's signature min 14 hours

Coach/mentor's Comments:

Student's signature

The following criteria were met by this activity:

- A minimum of two hours per week during the term
 - If taking a course at a studio *(i.e. dance/yoga/self defense), attach course description
 - Meeting/practice times and games/performances/competitions schedule attached*
 - If participating in sending school athletic program, attach varsity/JV letter
 - Supervision by an adult coach/mentor
- *Attach a course description/schedule to this proposal