



Off-Campus Physical Education Credit

*Requests for approval of private or commercially-sponsored
physical activity programs*

Credits will be considered under two categories:

- A. Private or commercially sponsored physical activity programs that lead to Olympic or collegiate-level participation and/or competition. These programs typically involve a minimum of fourteen (14) hours per week of highly intense, professionally supervised training. The training facility, instructors, and the activities involved in the program must be verified by the head of school and determined to be of exceptional quality. Students participating at this level may receive a maximum of one-half credit per semester. A total of four credits may be earned toward high school graduation credits.
- B. Private or commercially sponsored physical activity programs, as verified by the head of school and determined to be of high quality, well supervised by appropriately trained instructors, and consisting of a minimum of seven (7) hours per week. Students participating at this level may receive a maximum of one-half credit per year. A total of two credits may be earned toward high school graduation requirements.

In all cases, Score Academy must verify both the level of participation and the quality of the program. Additionally, the school must verify the attendance of the students involved.

Parts 1 and 2 of this packet must be returned to Score Academy by September 1st of current year. Participation verification forms to be turned in within 3 weeks of the conclusion of each semester.

3901 Design Center Drive Suite 200 • Palm Beach Gardens 33410

(561) 626-2662

www.Score-Academy.com

Accredited by Cognia & SACS





PHYSICAL EDUCATION OFF-CAMPUS PERMISSION & CHECKLIST

Part 1: To be completed by the parent/guardian • Part 2: To be completed by the commercial / professional establishment • **All pages of this form must be returned to Score Academy at the beginning of the school year**

Off-campus private P.E. is a year-long commitment

PART 1 (To be completed by the parent/guardian)			
Student Name	Date of Birth	Year of Graduation	Current Grade Level
Parent/Guardian Name		Parent/Guardian Phone Number	
Sport/Activity			
Commercial/Professional Establishment		Phone Number	
Address			
Contact Person/Instructor		Phone Number	Email

This will serve as my request that Score Academy grant PE credit for both semesters of the _____ school year to my ☐ son ☐ daughter.

My child's instructor/coach will be _____ and he/she is aware of this request. I understand that my child may receive up to four (4) credits on the basis of one-half credit per semester for Category A or up to two (2) credits on the basis of one-half credit per year for Category B, and this will satisfy the Score Academy requirement for physical education instruction or they may be used for elective credit. I have been informed that if for any reason my child does not complete the entire semester, he/she will not receive any partial credit. I understand that if my child cannot fulfill/maintain the requirements of the program, he/she will be removed from Off-Campus Physical Education. I accept the responsibility of seeing that the establishment provides Score Academy with all necessary information and reports required prior to the deadlines set by the school. Furthermore I acknowledge that Score Academy will not provide transportation to or from the establishment, does not endorse any commercial training program, and the approval of the application does not constitute any assurance as to the qualifications of the instructors or to the quality and safety of the equipment and facilities.

The undersigned, being the parent or legally appointed and qualified guardian of _____, a student at Score Academy, does hereby consent to said student's participation in this commercial training program. I further agree to hold Score Academy, its administration, and/or faculty, harmless from all liability for any injuries which said student may receive while participating in this program, or while traveling to or from such program.

AGREED AND ACCEPTED BY:

Parent/Guardian Signature

Date





PART 2 (To be completed by the commercial/professional establishment)		
Student Name		Current Grade Level
Sport/Activity		
Commercial/Professional Establishment		Phone Number
Address		
Contact Person/Instructor/Coach	Phone Number	Email

THE ABOVE NAMED STUDENT'S INSTRUCTION/TRAINING SCHEDULE WILL BE:

	Start Time	Finish Time
Monday	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Tuesday	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Wednesday	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Thursday	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Friday	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Saturday	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Sunday	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM

Instructor/Coach Signature

Date





The **PHYSICAL EDUCATION OFF-CAMPUS PERMISSION & CHECKLIST** must be returned to school at the beginning of the school year so we know that this is what the student will be doing for the school year.

The **PARTICIPATION VERIFICATION FORMS** on the following two pages must be returned within 3 weeks of the conclusion of each semester.





PHYSICAL EDUCATION OFF-CAMPUS PARTICIPATION VERIFICATION

To be completed at the conclusion of each semester

Forms to be returned to Score Academy

SEMESTER 1 (To be completed by the commercial/professional establishment)		
Student Name		Current Grade Level
Sport/Activity		
Commercial/Professional Establishment		Phone Number
Address		
Contact Person/Instructor/Coach	Phone Number	Email

FOR SEMESTER 1 OF THE 20____-20____ SCHOOL YEAR, THE ABOVE NAMED STUDENT'S
INSTRUCTION/TRAINING SCHEDULE WAS:

	Start Time	Finish Time
Monday	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Tuesday	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Wednesday	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Thursday	: AM PM	: AM PM
Friday	: AM PM	: AM PM
Saturday	: AM PM	: AM PM
Sunday	: AM PM	: AM PM

Instructor/Coach Signature

Date





PHYSICAL EDUCATION OFF-CAMPUS PARTICIPATION VERIFICATION

To be completed at the conclusion of each semester

Forms to be returned to Score Academy

SEMESTER 2 <i>(To be completed by the commercial/professional establishment)</i>		
Student Name		Current Grade Level
Sport/Activity		
Commercial/Professional Establishment		Phone Number
Address		
Contact Person/Instructor/Coach	Phone Number	Email

**FOR SEMESTER 2 OF 20____-20____SCHOOL YEAR, THE ABOVE NAMED STUDENT'S
INSTRUCTION/TRAINING SCHEDULE WAS:**

	Start Time	Finish Time
Monday	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Tuesday	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Wednesday	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Thursday	: AM PM	: AM PM
Friday	: AM PM	: AM PM
Saturday	: AM PM	: AM PM
Sunday	: AM PM	: AM PM

Instructor/Coach Signature _____

Date _____

