

## ALAMO HEIGHTS HIGH SCHOOL

### REQUEST FOR SUBSTITUTION PHYSICAL EDUCATION

Student \_\_\_\_\_ Grade \_\_\_\_\_

Parent (s) \_\_\_\_\_ Phone \_\_\_\_\_

Parent email \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_ - \_\_\_\_\_

Proposed Activity Program to be taken in lieu of Physical Education

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Name of Organization where training will take place \_\_\_\_\_  
(Must be on the AHISD approved list; vendors may submit an application to the athletic office if they wish to be considered)

Contact person \_\_\_\_\_ phone or email \_\_\_\_\_

Number of hours per week devoted to the program \_\_\_\_\_ (can not be competition hours/practice hours only).

Dates /length of planned involvement in program:

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1. State the reason (s) for this request

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Continue on 2<sup>nd</sup> page if needed.

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Updated feb. 2016

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Course Instructor /program supervisor

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