

CROSSROADS COLLEGE PREPARATORY SCHOOL
INDEPENDENT STUDY PHYSICAL EDUCATION
INFORMATION SHEET

Thank you for your interest in the Independent Study Physical Education program at CCPS. We support and appreciate out-of-school physical activities, and we encourage students to participate in what interests them. We are providing students who wish to pursue an in-depth study of a physical discipline not offered as part of the CCPS curriculum the opportunity to do so and earn physical education credit. Twenty (20) hours of an activity will be worth one (1) PE credit.

The Independent Study program offers a unique enrichment experience for qualifying students. Because this opportunity takes place beyond the confines of the CCPS curriculum, it is the student's responsibility to ensure that all required forms are completed, and all requirements are met.

STUDENT CRITERIA FOR PARTICIPATION

1. Independent Study is available for high school students only.
2. To apply for the program, students must complete the Independent Study Application Form.
3. Students may not participate in an Independent Study for a sport if it is offered at school. For example, students may not gain a credit for soccer since it is offered as a sport at CCPS.
4. The student's instructor must meet the following qualifications:
 - Be at least 21 years of age
 - Be qualified in the subject activity
 - Be willing to **personally** sign the student's time verification

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STUDENT APPLICATION FORM

I, _____ GRADE _____ will be instructed and supervised by
NAME _____ TITLE _____
EMAIL _____
TELEPHONE (cell) _____ (work) _____
ACTIVITY TO PARTICIPATE IN _____

I agree to:

1. Meet the minimum requirement of 20 hours of participation in a supervised activity and have my instructor sign and verify the time spent in this activity.
2. Write a reflection describing the activity I participated in.

Student's Signature _____ Date _____

The parent or guardian assumes all liability and any cost for Independent Physical Education activities.

Parent or Guardian Signature _____ Date _____

Parent or Guardian Printed Name _____

Instructor's Title _____

Instructor Printed Name _____

Please return this form to the Athletic Director. A copy will be returned to the student after consideration is complete.

Approved _____ Not Approved _____ Date _____

