



## The Williams School

### Independent Study – PE Credit

Name \_\_\_\_\_

Grade \_\_\_\_\_ Phone \_\_\_\_\_

Activity \_\_\_\_\_

Number of times activity meets per week \_\_\_\_\_

Minutes per session \_\_\_\_\_ Instructor \_\_\_\_\_

Phone number for instructor \_\_\_\_\_

Description of activity:

I will participate for a minimum of 3 hours per week in the above activity, and will continue this activity throughout the season. I will submit a report to the PE Office at the end of the season describing my progress and attendance. If I drop out of the activity, I will let the PE Office know immediately.

Student's signature \_\_\_\_\_

Parents signature \_\_\_\_\_

Date \_\_\_\_\_