



# PE Other Credit Option Form

Print Form

Office of Instruction  
Mat-Su Borough School District  
501 N. Gulkana  
Palmer, AK 99645  
P: (907) 746-9212 || F: (907) 746-9292

**Instructions:** As per AR6146.2:

- One-quarter (1/4 or .25) credit for the Physical Education credit requirement may be earned by each *full season or completed semester of participation in co-curricular high school sports.*
- One (1) full credit for the Physical Education credit requirement may be waived by *two full years of participation in the Junior Reserve Officer Training Corps (JROTC) or marching band.*
- *One-half (.5) credit for the Physical Education Requirement may be earned for each 80 hours of participation in a sports activity with documented hours and adult supervisor. Use page 2 for this option.*

This credit form does not affect the total minimum credit requirements for graduation. **A separate form should be used for each activity and season.** The original form is to be filed in the student's permanent file after approval; one copy is to be filed with the counselor; and one copy is for the student. This credit option is available beginning the FY18 school year.

Student Name	<input type="text"/>	Student ID	<input type="text"/>	Phone #	<input type="text"/>
High School	<input type="text"/>	Grade Level	<input type="text"/>	Graduation Year	<input type="text"/>
Name of Activity or Sport	<input type="text"/>				

**For Student to Complete:** By my signature below, I am requesting that MSBSD (check one):

- Grant One-quarter (1/4 or .25) credit of the Physical Education requirement due to my participation in the above mentioned activity. I understand that I need to participate in two seasons of a co-curricular sport or activity in order to receive .5 credit toward the physical education requirement.
- Waive (.5) credit of the Physical Education credit requirement due to my participation in two semesters of JROTC or Marching Band.

I understand it is my responsibility to complete this form for each individual request concurrent with the semester.

_____ Student Signature	_____ Date
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**To be Completed by Coach / Advisor / Instructor:**

Dates of Participation From/To:

As a certified teacher or individual who has been approved and is currently employed by the Mat-Su Borough School District, I hereby certify that the above named student has met the minimum requirements in (check one):

- The interscholastic high school activity listed. I confirm that this entitles the student to a physical education credit of one-quarter (1/4 or .25 credit) per sport.
- The Junior Reserve Officer Training Corps (JROTC) for one year or two semesters. I confirm that this entitles the student to a physical education credit waiver of (.5) credit.
- Marching Band (Course #7690) for one year or two semesters. I confirm this entitles the student to a physical education credit waiver of (.5) credit.

_____ Coach / Advisor / Instructor Signature	_____ Date
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Approval

_____ School Counselor Signature	_____ Date	_____ School Principal Signature	_____ Date
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**Note to the Registrar:** Marching Band and JROTC waives .25 credit. To waive one (1) full credit, the information should be entered under Waivers. The Subject Area Waiver will be Physical Education > Other.  
Using Course #5580 for Co-Curricular Sports grants .5 credit for two completed seasons.



# PE Other Credit Option Log

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**Instructions:** As per AR6146.2:

- One-half credit for the Physical Education Requirement may be earned for each 80 hours of participation in a sports activity with documented hours and adult supervisor.
- This credit form does not affect the total minimum credit requirements for graduation. **A separate form should be used for each activity and season.** The original form is to be filed in the student's permanent file after approval; one copy is to be filed with the counselor; and one copy is for the student. This credit option is available beginning the FY18 school year.

Student Name  Student ID #  Phone Number   
 High School  Grade Level  Graduation Year   
 Name of Agency/Location   
 Supervisor(s) Name and Phone #

**For Student to Complete:** By my signature below, I am requesting that MSBSD grant one-half credit for 80 hours of participation in a sports activity with documented hours and adult supervisor.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Date(s)	Description of Activity or Sport	# of Hours	Supervisor Signature
Total Number of Hours		<input type="text"/>	

*Approval*

\_\_\_\_\_  
School Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Principal Signature

\_\_\_\_\_  
Date

**Note to the Registrar: Grade is Pass/Fail**  
Use a course number from the Program of Studies that best fits the activity the student participated in. One-half credit may be earned for 80 Hours of participation.