



Catlin Gabel

Independent PE Application

Name: _____

Grade in School: _____

Applying for (circle): Fall Winter Spring Summer

Date Submitted: _____

Activity Requested: _____

Location: _____

Activity Supervisor: _____

Telephone: _____

Description of Activity: _____

Goals / Objectives: _____

Parental Approval / Signature: _____

Student Signature: _____

This is my (fall/spring) semester schedule by periods: (N/A for Summer)

1st _____

2nd _____

3rd _____

4th _____

5th _____

6th _____

7th _____

My C&C Advisor is: _____

For Office Use Only

Approved Denied Passed Failed

Comments:

**Please submit form to Sheila Williams (in Gym), or Catherine Healy (Upper School).
Also required: Submission of bi-weekly reports signed by activity supervisor to verify total of 50 hours participation
(as the term progresses). Forms are available in the Upper School Office.**