

# Catlin Gabel Upper School | Independent PE Application

Please return to Robyn Washburn in the Upper School Office.

Name: \_\_\_\_\_

Current grade: \_\_\_\_\_ Date submitted: \_\_\_\_\_

C&C advisor: \_\_\_\_\_

Applying for (circle):            Fall            Winter            Spring            Summer

Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hours Per Week : \_\_\_\_\_ Email: \_\_\_\_\_

Description of activity: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Goals/objectives: \_\_\_\_\_

Student signature: \_\_\_\_\_

Parents, please initial ONE of the following and sign below:

\_\_\_\_\_ I want my child to submit signed biweekly reports for independent PE credit. I will be notified in a timely manner if my child is not submitting regular reports and/or is in danger of not receiving credit for the trimester.

\_\_\_\_\_ I WAIVE the requirement to submit signed biweekly reports. It is my child's responsibility to have his/her activity supervisor contact [washburnr@catlin.edu](mailto:washburnr@catlin.edu) at the end of the term to confirm that he/she qualifies for credit. If credit is not awarded, I will be notified at the end of the trimester.

Semester schedule by periods (N/A for summer):

1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

4<sup>th</sup> \_\_\_\_\_

5<sup>th</sup> \_\_\_\_\_

6<sup>th</sup> \_\_\_\_\_

7<sup>th</sup> \_\_\_\_\_

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*For Office Use Only*

Approved

Denied

Passed

Failed

Comments: