



# Saddleback Unified School District VIRTUAL ACADEMY



## INDEPENDENT STUDY PHYSICAL EDUCATION COACHES CONTACT AND VERIFICATION

<b>Student Name:</b>	<b>Grade:</b>	<b>Date of Birth:</b>
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The above named student is enrolled in Independent Study Physical Education (ISPE) with the SVUSD Virtual Academy during the current semester. During the semester, students enrolled in ISPE will be required to complete a weekly fitness log and assignments. In addition, they must submit verification of activity completed by his/her coach every grading period. Please complete the following information so that we can verify the student's active participation and award him/her academic credit.

### Coach and Organization Contact Information

<b>Coaches Name:</b>	<b>Sport:</b>
<b>Coaches Email:</b>	<b>Coaches Phone Number:</b>
<b>Name of Organization:</b>	
<b>Address of Organization:</b>	

### Practice and Competition Schedule

<b>Number of hours/per week this individual practices:</b>	
<b>Please identify your season of competition:</b>	

### Attachments

Please attach an up-to-date practice plan and competition schedule.

### Authorization

By signing below you are verifying that the above named student is currently and actively practicing and competing with your organization.

Coaches Signature: \_\_\_\_\_

Date: \_\_\_\_\_