Application for Physical Education Class Replacement Bloom-Carroll High School

Name:		
Address:		
City:		
Phone:	Grade:	
Parent/Guardian Name(s):		
It is my intention to parti Interscholastic Athletics •	cipate in one or more of the fol	-
I understand that I have to part combination of the above activited Education at the Freshman and that I am required to complete 2 cut, quit, become academically in complete two activities, I will need graduation.	ties for it to serve as a replace Sophomore level. I also under 7.0 electives in order to gradua neligible, or I am removed from	ment for taking Physical stand that this will mean ate instead of 6.5. If I am a team and do not fully
Student Signature:		Date:
Parent/Guardian Signature:		
Guidance Counselor:		
	OR OFFICE USE ONLY	
DATE INTENT ENTERED		·D
Activity 1:		
Activity 2:		