PHYSICAL EDUCATION DEPARTMENT 67 CHERRY ST BURLINGTON, VERMONT 05401

Coach Signature _____

ALLYSON ARCHACKI
PE DEPARTMENT
AARCHACK@BSDVT.ORG

Interscholas	ic Sports Credit Form – High School Athletics
STUDENT NAME	Date
GRADE(C	ly grades 10 – 12 are eligible. Please see note below
REGARDING SENIORS E	GIBILITY)
Counselor	(WRITE IN YOUR COUNSELOR'S NAME)
PARENT SIGNATURE	
 semester of their 10th This pathway is availated sports participation. SENIORS are only expected second semester. Students must complete that MUST be complete teacher will provide the Each season is equal to the Only up to an additional elective credit. This credit will garner. Coaches and designate season before the credit. 	1.5 credit (two seasons) through athletics will count towards satisfying an only Pass/Fail in terms of a grade. PE teacher will certify that the student fulfilled requirements and completed the is granted.
Education Credit required for	apply for the successful completion of this sport to satisfy the Physical raduation.
	Fall/Winter/Spring 20
Sport	(Circle the season, write in the year) Coach