

# Ballston Spa

Educating Everyone Takes Everyone

C E N T R A L S C H O O L D I S T R I C T

David M. Sunkes, Jr.  
Director of Health, Physical Education and Athletics

Phone: 884-7150 x2357  
Email: dsunkes@bscsd.org  
@B\_Spa\_Athletics

## Independent Study Contract in Physical Education

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Guidance Counselor \_\_\_\_\_

PE Instructor \_\_\_\_\_

Reason for Request (Please attach any supporting documentation to this contract.) \_\_\_\_\_  
\_\_\_\_\_

Independent Study Option you are eligible for:  Option 1  Option 2

**If option 1 is selected**, please provide the name, address and phone number of the agency you will be participating in or medical office that you are under the care of (i.e. YMCA, physical therapist, etc.)

Name \_\_\_\_\_

Office Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contact Name \_\_\_\_\_

Program name or description of the activity/sport you are/will participate \_\_\_\_\_  
\_\_\_\_\_

Duration of activity: Start Date \_\_\_\_\_ to End Date \_\_\_\_\_

# of days/week \_\_\_\_\_ # of hours/day \_\_\_\_\_

Semester you wish to exercise this option: Fall \_\_\_\_\_ Spring \_\_\_\_\_ # of weeks \_\_\_\_\_

**Agreement to the conditions of this contract is hereby made by the following individuals to meet all requirements set forth in the guidelines for the Independent Study Contract in Physical Education.**

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

Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

Program Supervisor's signature \_\_\_\_\_

Date \_\_\_\_\_