

**CLEAR CREEK ISD PHYSICAL EDUCATION
ALTERNATIVE PHYSICAL EDUCATION WAIVER**

Student _____
Activity Club swimming
Vendor Bay Area Aquanauts
School Space Center Int.

**Numerical grade assigned
by head coach**

Grading period:

- Starting date
- Ending date

Attendance

Days absent _____
Dates of absences _____

Weekly workout (include activities and dates)

Instructor Harold Johnston
Signature _____
Date _____

This form must be returned to Space Center Intermediate School counselor by the Friday of the week before the last week of each grading period. School fax number is (281) 284-3305.