VUSD Independent Study Physical Education (ISPE) Application

<u>**Directions:**</u> Read the entire <u>**VUSD ISPE Parent Handbook**</u>, then fill out this application & submit it to your child's school-site office within the established application window.



Student's name (Last, First):	Primary Parent/Guardian Name (Last, First):
Student's phone #:	Student's VUSD email address:
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Primary parent/guardian phone #:	Primary parent/guardian email address:
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Student's current school of enrollment:	Student's school of enrollment next year:
Current grade level	Grade level next year
6th 7th 8th 9th 10th 11th	7th 8th 9th 10th 11th 12th
Off-campus ISPE sport/activity (e.g., ballet, soccer, etc.):	Off-campus ISPE vendor (i.e., company, club, etc.):
Name of <i>primary</i> coach/contact of sport/activity vendor:	Phone # of <i>primary</i> coach/contact of sport/activity vendor:
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Number of typical weekly sport/activity minutes:	Check all typical training and/or competition days:
	M T W TH F Sat Sun
Start date of off-campus ISPE sport/activity:	End date of off-campus ISPE sport/activity:
Signature of student*:	Signature of parent/guardian*:
Signature of <i>primary</i> coach/contact of sport/activity*:	Email address of <i>primary</i> coach/contact of sport/activity:
* By signing, parent(s)/guardian(s), student and coaches/ven	dors understand & agree to all VUSD ISPE rules &

Checklist for Parent(s)/Guardian(s):

Have you attached a new or confirmed an existing valid certificate of insurance from the ISPE sport/activity vendor?	
Yes	No

^{*} By signing, parent(s)/guardian(s), student and coaches/vendors understand & agree to all VUSD ISPE rules & procedures as outlined in the <u>VUSD ISPE Handbook</u> & understand that all liabilities and costs associated with participation in the off-campus, non-VUSD, vendor-provided sport/activity are accepted by the parent, student & vendor. Signatures also indicate parent(s)/guardian(s) & student agree to & understand the ISPE log & log submission deadlines.