Physical Education Tracking Form

Student Name _____ Organization/Activity _____

DATE	HOURS	DATE	HOURS
	TOTAL HOURS		TOTAL HOURS

Coach/Instructor Information

Name _____Email_____Phone_____

Coach/Instructor Signature _____

Trinity High School Administrator Signature _____

Office Use Only - Date credit received _____

60 hours = ½ credit **120 hours = 1 credit**