



The Renaissance Academy

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Independent Study Physical Education Program Overview (Form 1)

1. Renaissance Academy will exempt students from regular physical education classes if they properly obtain credit for an appropriate athletic activity outside of school.
2. Such a program must involve training, lessons, or participation in a youth sports club or organization with professionally experienced personnel.
3. Independent Study Physical Education allows a student to develop a specialized athletic skill.
4. Renewal for any subsequent semesters will be based on satisfactory progress in the categories described in these criteria.
5. The time spent in instruction must equal or exceed a minimum of three hours every week, or a total of 54 hours for the semester.
6. This time must be logged and signed by an authorized activity supervisor.
7. Independent Study Physical Education will be graded on a Pass/No Pass basis.
8. Off-campus schools, institutions, clubs, organizations, and instructors must agree to serve students in an independent study physical education program.
9. Off-campus schools, clubs, organizations, and instructors must assume responsibility for the quality of instruction, verification of dates of instruction and hours of participation, immediate supervision of the student, and evaluation of the student's performance and progress.
10. Renaissance Academy may exercise its right to require verification of insurance coverage.
11. Transportation of the student to and from the independent study physical education program is the responsibility of the student and parent/guardian.
12. Renaissance Academy will not be expected to provide any instructional supplies, textbooks, equipment, or other materials for the independent study physical education program and/or activities.
13. There will be no cost incurred by Renaissance Academy for a student's participation in any Independent Study Physical Education program.
14. The student participant, parent, and activity supervisor agree to hold Renaissance Academy harmless in the event of any accident, injury, or other incident related to the Independent Study Physical Education program.

I have read the program overview for Independent Study Physical Education at Renaissance Academy. I understand and agree to its terms.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Supervisor's Title: _____

Name of Supervisor's Organization: _____

Advisor's Signature: _____ Date: _____