



The
Renaissance
Academy

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Independent Physical Education

Fall 2004-2005 Contract (Form 2)

Student's Name: _____

Grade: _____

Title of Activity: _____

Supervising Instructor/Organization: _____

Supervisor's Address: _____

Supervisor's Phone Number/E-Mail: _____

Schedule of Activity

Include specific meetings days, dates, and times.

Student's Statement of Purpose

Write or attach a statement describing the goals to be met by this program.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____