



The Renaissance Academy

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Independent Physical Education

Fall 2004-2005 Log and Verification of Completion (Form 3)

Student's Name: _____ Grade: _____

Title of Activity: _____

Supervising Instructor/Organization: _____

Log of Activity

Include specific meetings days, dates, and times. The total activity must exceed 54 hours.

| Date | Description | Supervisor's Initials |
|-------------|-------------|-----------------------|
| 2/21 – 2/27 | | |
| 2/28 – 3/6 | | |
| 3/7 – 3/13 | | |
| 3/14 – 3/20 | | |
| 3/21 – 3/27 | | |
| 3/28 – 4/3 | | |
| 4/4 – 4/10 | | |
| 4/11 – 4/17 | | |
| 4/18 – 4/24 | | |
| 4/25 – 5/1 | | |
| 5/2 – 5/8 | | |
| 5/9 – 5/15 | | |
| 5/16 – 5/22 | | |
| 5/23 – 5/29 | | |
| 5/30 – 6/5 | | |
| 6/6 – 6/12 | | |
| 6/13 – 6/19 | | |
| 6/20 – 6/26 | | |
| | | |

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____