

Monmouth Regional High School District Physical Education Option 2 Application

Student Name _____ Grade _____ Counselor _____

Please follow all of the directions and go through each step of the application. If at any point the respondent cannot truthfully answer yes to any question in step 1 – 4, it indicates that the application will not be accepted. Freshman Students are not eligible to participate in Option 2

Step 1: The Activity

Circle Y for Yes / N for No for each item

- Y or N 1. Is it an individualized activity? Name of activity _____
- Y or N 2. Does it include intensive training in preparation for competition at a high level?
- Y or N 3. Is the activity recognized by the NFHS (National Federation of High School Sports)?
- Y or N 4. Does the activity occur outside of regularly scheduled MRHS curricular and extra-curricular programs?
- Y or N 5. Does the activity occur during the school calendar year? (September 1 – June 1)
- Y or N 6. Does the activity occur a minimum of 5 consecutive months in duration?
- Y or N 7. Does it include a minimum of 3 regularly scheduled practices/competitions per week?
- Y or N 8. Do the weekly practices/competitions meet or exceed the MRHS minimum of 180 minutes per week?
- Y or N 9. Does the activity include organized competitions and/or performances?
- Y or N 10. Is the activity being supervised by a nationally accredited/certified coach?

Step 2: The Student

Circle Y for Yes / N for No for each item

- Y or N 1. Does the student have a current GPA at or above 2.5? Current GPA _____
- Y or N 2. Did the student achieve a final passing grade in PE-9? Final PE-9 Grade _____
- Y or N 3. Did the student achieve a minimum of 30 credits in the previous school year?
- Y or N 4. During the semester the student is requesting Option 2 credit, does the student have a study hall?

Step 3: The Parent/ Guardian

Circle Y for Yes / N for No for each item

Does the parent/ guardian acknowledge that if the request is approved that:

- Y or N 1. This request is for one PE course for one specific school year?
- Y or N 2. The student will be placed in a study hall each season they are involved in the activity (except when they are scheduled to go to Health class)?
- Y or N 3. It will be noted as "Option 2" credit on the student's transcript?
- Y or N 4. That if the student is unable (for any reason) to continue in the alternative activity the parent/guardian must inform the student's counselor within 1 week of cessation of the activity?
- Y or N 5. The student's failure to complete the program could affect their graduation status? (NJ required course for graduation)

Step 4: The Coach

Circle Y for Yes / N for No for each item:

- Y or N 1. I agree to adhere to and accomplish all items in “step 1”.
- Y or N 2. I hold a national accreditation and/or safety certificate and can furnish upon request. (Credentials attached)
- Y or N 3. I agree to sign-off on a student’s activity log. My signature ensures that the information listed for each day is accurate.

Step 5: Program Justification

Provide a detailed point by point description that explains **how the proposed activity will meet or exceed each of the conditions and criteria defined in the MRHS PE Option 2 Policy**. Attach additional information if the space provided is insufficient for an adequate justification.

Part A: Applicable NJ Core Curriculum Content Standards
http://www.state.nj.us/education/genfo/faq/faq_chpe.htm

2.1E Wellness – Social and Emotional Health

2.2A Integrated Skills – Interpersonal Communication

2.2B Integrated Skills – Decision Making and Goal Setting

2.5A Motor Skill Development – Movement Skills and Concepts

2.5B Motor Skill development – Strategy

2.5C Motor Skill Development – Sportsmanship, Rules and Safety

Part B: MRHS Curricular Objectives

1. Describe how you will perform, analyze and apply movement skills that foster safe participation in physical activities throughout life.

2. Describe how you will analyze and apply the concepts of effective movement, including principles of biomechanics and elements of rhythm used in physical activity.

3. Describe how you will perform, know, understand and apply health related fitness movements and concepts.

4. Describe how you will analyze rules and regulations, and apply strategies and standards of play while participating in physical education activities.

5. Describe how you will know, understand and analyze self-awareness, creative thinking, confidence, self-discipline, ability to collaborate with others, and risk-taking skills through participation in a wide range of physical activities.

Approval of this application includes the implied understanding by the students and parents that:

- Acceptance is good for only the **one** physical education course for the specific school year it is submitted
- The student will be placed in a marking period **study hall** (during the student's scheduled PE class) that traditionally meets five days per week
- No students will be exempt from Health Education as a result of this acceptance
- **No student may have more than two (2) study halls per semester**
- If the student is unable to continue in the alternative activity (due to either physical injury or illness or economic reasons) it is the responsibility of the parent to inform their child's counselor within 1 week of cessation of the activity. In this instance:
- The student will be placed back into their physical education class for the remainder of the semester
- If the student is physically unable to participate in physical education, they will be assigned the appropriate established alternative assignment from which a grade will be determined.
- Option 2 will not be calculated into the GPA.

I agree that the information included in this application is accurate and truthful. I acknowledge the fact that the student is responsible to fill out the activity log completely, including all necessary signatures, and submit it bi-monthly to the Supervisor of the Health and Physical Education Department (Mr. DeOrio). I also agree to insure that all of the other guidelines and requirements of the Monmouth Regional Option 2 Physical Education Program are met.

Student _____ Date _____

Parent/Guardian _____ Date _____

Coach _____ Date _____

I agree that the safety, cost and transportation, to and from an alternative activity, are the responsibility of the student's parent/guardian. By completing the Option 2 request for physical education, the parent(s) agree to indemnify and hold harmless the Monmouth Regional High School District, its agents or employees from any and all claims of any type, action, complaint, judgment, costs or personal injury, arising out of, or related to, the student's participation in the Physical Education Option 2 Program.

Parent/Guardian _____ Date _____