

Daily Physical Activity Log – 10 hours per month minimum

This is part of your graduation and **MUST** be completed in order to graduate.

Your name: _____ Student #: _____ Grade: _____

Due Dates (Room 116A):

- **September and October - Friday November 4, 2016**
- **November to January - Friday February 3, 2017**
- **February to June - by Friday June 9, 2017**

List each of your activities for the month of September	Hours	Name of Teacher, Coach, Parent, or other Adult Supervisor
1)		Name
2)		Signature
3)		Title
4)		Phone #
5)		Email
List each of your activities for the month of October	Hours	Name of Teacher, Coach, Parent, or other Adult Supervisor
1)		Name
2)		Signature
3)		Title
4)		Phone #
5)		Email
List each of your activities for the month of November	Hours	Name of Teacher, Coach, Parent, or other Adult Supervisor
1)		Name
2)		Signature
3)		Title
4)		Phone #
5)		Email
List each of your activities for the month of December	Hours	Name of Teacher, Coach, Parent, or other Adult Supervisor
1)		Name
2)		Signature
3)		Phone #
4)		Email/Title
List each of your activities for the month of January	Hours	Name of Teacher, Coach, Parent, or other Adult Supervisor
1)		Name
2)		Signature
3)		Title
4)		Phone #
5)		Email

TURN OVER FOR ADDITIONAL MONTHS

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Your name: _____ Student #: _____ Grade: _____

List each of your activities for the month of February	Hours	Name of Teacher, Coach, Parent, or other Adult Supervisor
1)		Name
2)		Signature
3)		Title
4)		Phone #
5)		Email
List each of your activities for the month of March	Hours	Name of Teacher, Coach, Parent, or other Adult Supervisor
1)		Name
2)		Signature
3)		Phone #
4)		Email/Title:
List each of your activities for the month of April	Hours	Name of Teacher, Coach, Parent, or other Adult Supervisor
1)		Name
2)		Signature
3)		Title
4)		Phone #
5)		Email
List each of your activities for the month of May	Hours	Name of Teacher, Coach, Parent, or other Adult Supervisor
1)		Name
2)		Signature
3)		Title
4)		Phone #
5)		Email
List each of your activities for the month of June	Hours	Name of Teacher, Coach, Parent, or other Adult Supervisor
1)		Name
2)		Signature
3)		Title
4)		Phone #
5)		Email

TURN OVER FOR ADDITIONAL MONTHS