

**CLEAR CREEK ISD PHYSICAL EDUCATION  
ALTERNATIVE PHYSICAL EDUCATION WAIVER**

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Student \_\_\_\_\_  
Activity    Club swimming  
Vendor    Bay Area Aquanauts  
School    Space Center Int.

**Numerical grade assigned  
by head coach** \_\_\_\_\_

**Grading period:**  
    ■ Starting date                    \_\_\_\_\_  
    ■ Ending date                     \_\_\_\_\_

**Attendance**  
    Days absent                        \_\_\_\_\_  
    Dates of absences                \_\_\_\_\_

**Weekly workout** (include activities and dates)

Instructor                    Harold Johnston  
Signature                    \_\_\_\_\_  
Date                            \_\_\_\_\_

This form must be returned to Space Center Intermediate School counselor by the Friday of the week before the last week of each grading period. School fax number is (281) 284-3305.