

MIDDLETOWN HIGH SCHOOLS
Individualized Learning Opportunity (ILO) Health/Physical Education
Application for Exemption, 2010-2011

Pursuant to N.J.S.A. 18A:35-7 and N.J.A.C. 6A:8-5.1, the following Middletown High School North / South student is applying for an exemption to the requirement of 150 minutes of weekly health, safety and physical education based upon participation in documented alternative activities.

Student Name: _____

School: _____

Health/PE Level:
(Circle 1) 11th Grade 12th Grade

ILO Action Plan (List the details of your proposal, including a description of the activity and the amount of time per week you will devote to that activity—Must be at least 2.5 hours per week):

Name and Contact information for Coach / Trainer / Instructor:

Learning Goals/Objectives of the ILO:

Core Curriculum Content Standards Addressed: Use State code numbers to identify

ILO Timeline (sports season or marking period for which exemption is requested):

ILO Evaluation/Assessments (How will your learning be assessed?):

Waiver and Acknowledgement:

In submitting this application, the above-named student and his/her parent(s) / guardian(s) acknowledge the following:

- 1. I understand and agree that my participation in physical education or health through an ILO as set forth herein will be graded on a Pass/Fail basis.**
- 2. I agree to hold the school/district harmless from, and waive any and all claims against the school/district for, any injury or damages of any kind incurred during the completion of the ILO in any non-school sponsored activity.**
- 3. I understand that non-school sponsored ILO programs are not funded or operated by the school district. All costs incurred in completing an ILO in Health & Physical Education are the responsibility of the student and/or their parents/guardians.**
- 4. I agree that successful completion of Health & Physical Education for the equivalent of 4 years is a high school graduation requirement. Failure to complete an approved ILO agreement may result in an inability to receive credit, and may result in the inability to graduate in June of the senior year.**

**Printed Name of
parent/guardian
or Adult Student:**

Signature:

Date:

Counselor Name:

Signature:

Date:

Approving Administrator Name:

Signature:

Date:
