

# Dubuque Community School District

## Physical Education Contract Wellness Request

*Return completed form to High School Registrar*

STUDENT NAME \_\_\_\_\_

STUDENT ID# \_\_\_\_\_ GRADE for 2016-2017 \_\_\_\_\_

1. To be eligible for Contract Wellness:
  - Students must have a full schedule both semesters.
  - Students must need the full schedule to meet their post-high school goals.
2. Contract Wellness Process
  - Administrator will review the student's request and determine if the student qualifies.
  - Student provides evidence that he/she is enrolled in a fitness program that meets the goals of wellness education. Students must turn in a personal fitness plan that includes a minimum of 150 minutes per week, completed in a minimum of 3 days per week.
  - Student must be receiving instruction to qualify and provide documentation that they are receiving fitness instruction. An approved fitness plan may include a minimum of 90 minutes of fitness instruction. The remaining 60 minutes could be a pre-approved fitness activity that uses a fitness app/tracker.
  - School activities and school sports do not count toward this 150 minute minimum.
  - Student will meet with the designated wellness teacher the first and last week for pre and post fitness tests during an appointed time as well as weekly online assignments.
  - IF A STUDENT IS NOT MEETING THE 150 MINUTE MINIMUM REQUIREMENT, CONTRACT WELLNESS WILL BE DROPPED AND STUDENT WILL NEED TO MAKE UP THE WELLNESS REQUIREMENT.
3. Contract Wellness will be offered second semester only.

*The decision to request contract wellness is the responsibility of the student and parent/guardian. Read the following carefully before signing.*

**I understand that if I reduce my schedule either first or second semester or fail to meet the minimum activity requirement, I understand the physical education requirement must be made up to fulfill graduation requirements. Attached is a copy or receipt of my membership to a fitness facility. On the back of this form is the name and phone number of the contact person from whom I will be receiving instruction, as well as my detailed fitness plan. The plan meets the minimum time requirements as outlined above.**

STUDENT SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

*If approved, Contract Wellness will be noted on the student's schedule.*

*For Office Use Only*

\_\_\_\_\_  
Contract approved/Date

\_\_\_\_\_  
Schedule adjusted by/Date

## **Fitness Plan for Contract Wellness**

1. Name and phone number of contact person from whom receiving instruction.
2. Tell us where you plan to get your minimum of 150 minutes per week of fitness?
3. What days and times do you plan to attend?
4. Briefly describe your activity.