



Acalanes Union High School District Athletic Physical Education Timecard

Weekly Attendance Timecard

First Name:	Last Name:
ID #:	School: <input type="checkbox"/> Acalanes <input type="checkbox"/> Campolindo <input type="checkbox"/> Las Lomas <input type="checkbox"/> Miramonte
Sport:	<input type="checkbox"/> JV <input type="checkbox"/> Varsity

Date	Training Activity (Practice, game, conditioning)	# of Hours
	Total Weekly Hours	

_____ / _____
Student Signature Date

_____ / _____
Coach's Signature Date

To be completed by the student and signed by the coach on weekly basis. Completed forms should be returned to the Counseling Office weekly. Physical Education teacher will monitor timecards and assign credit.