



DSST: Byers High School  
Department of Athletics

DSST: Byers High School requires all students to participate in four trimesters of physical education over their four years in high school in order to fulfill the DPS Physical Education graduation requirement.

Students may fulfill this requirement by participating in:

- a DSST: Byers High School fitness/wellness elective
- a DSST: Byers High School sport
- a CHSAA sanctioned sport
- a physical activity not offered at DSST that is approved by the Athletic Director

This form must be completed, returned to DSST: Byers Athletic Director Cassidy Greif, and approved in order for outside sports and activities to go towards graduation credit. We strongly encourage you to complete this process *prior* to participating in an activity to ensure credit.

In order for the activity to receive credit it should meet the following minimum requirements:

- 10 weeks in length
- 200 minutes per week

If you have any questions, please contact Mr. Greif at [Cassidy.Greif@scienceandtech.org](mailto:Cassidy.Greif@scienceandtech.org).

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Sport/Activity: \_\_\_\_\_

Name of Organization or School: \_\_\_\_\_

High School Sport      *or*      Activity  
(circle one)

Length of Activity (dd/mm/yy - dd/mm/yy)

\_\_\_\_\_

Number of Minutes Per Week

\_\_\_\_\_

Does this activity require early release from school for practice or games? **(You must be academically eligible to receive this privilege and follow sign out protocol)**

Yes or No

If yes what days and times?

\_\_\_\_\_  
\_\_\_\_\_

Coach/Instructor Name: \_\_\_\_\_

Coach/Instructor Signature: \_\_\_\_\_

Coach/Instructor Phone Number: \_\_\_\_\_

Coach/Instructor Email: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that this information is truthful and accurate:

**DSST: Byers High School Athletic Director, Cassidy Greif**

Signature for Approval: \_\_\_\_\_ Date: \_\_\_\_\_