



# Grad Transitions

## Declaration of Daily Physical Activity

(150 minutes per week requirement – Grades 10 through 12)



\_\_\_\_\_ Student Name

Student # \_\_\_\_\_

PEN # \_\_\_\_\_

I have completed 150 minutes per week of physical activity from \_\_\_\_\_ to \_\_\_\_\_ and will continue to fulfill the requirements until graduation.  
(mm/dd/yy) (mm/dd/yy)

Student signature \_\_\_\_\_

Date \_\_\_\_\_



I, hereby, verify that \_\_\_\_\_ has met the DPA requirement as recorded in the dates above

Should my child fail to continue to meet the requirements after the above date and up to graduation, I will inform the school.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_