



**Washington Montessori  
Public Charter School**

2330 Old Bath Hwy.  
Washington, NC 27889  
252.946.1977  
WMPCS.org

**HS Request for Athletic Credit**

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

Sport and League: \_\_\_\_\_

Season/year: \_\_\_\_\_

Coach Name: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coach Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WMPCS Approval

\_\_\_\_\_  
Date

Note: Only four total credits of PE will be applied towards the WMPCS graduation requirements.