El Camino Real Charter High School

Athletics Office

REQUEST FOR ONE PERIOD COACH AUTHORIZATION

EC § 44258.7 (B) allows full-time, permanent or probationary, teacher who holds a credential in a subject other than physical education to coach a competitive sport for which the students receive physical education credit for ONE period a day if the teacher has completed a minimum of 20 clock hours of first aid instruction appropriate to the specific sport.

Teacher Name (first name_last name): Camille King			Employee No:	160117881
Competitive Team	n Sport Requested: _	Cross Country		
Period No. (Only one allowed)	Course Number	Grade Level	Course Title	
6	330909	9-12	Cross Cou	ntry
Hold a v preparate Complete	completed and signed by ralid California teaching tion program that include ted 20 clock hours of fin	a certificated administrator. credentials obtained via coded student teaching est aid instruction appropriat	met. (ALL areas must be sampletion of a BA degree and tended to the sport Position Title: Date:	acher
l,	ENT TO THE ASSIGNATION CAMILLE KING (print name – first name, last of the camille King)	name)	the above listed courses during	the 2022-2023 fiscal year. 8/4/2022
EXECUTIVE DIRE Executive Director Na Executive Director's S	ame (print):	OF REQUEST AND CON	SENT	5/17/2

Scan/Email forms to: HR@ecrchs.net

747843

Employee No:

El Camino Real Charter High School Athletics Office

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Eric Choi

Competitive Team Sport Requested: Girls Golf, Girls Soccer, Boys Golf

Teacher Name

(first name_last name):

Period No. (Only one allowed)	Course Number	Grade Level	Course Title
6			Girls Golf
			Girls Soccer
			Boys Golf
	tification of Require		nave been met. (ALL areas must be satisfied): istrator.
	alid California teachin oreparation program t		ned via completion of a BA degree and nt teaching
 Complete 	ed 20 clock hours of f	irst aid instruction a	appropriate to the sport
Administrator's Name	(print): CAMP	Jason	Position Title: Admin Director
Administrator's Signar	ture: Janan	Cemp	Date:8/4/20~
TEACHER CONSE completed by teach	ENT TO THE ASSIGN	IMENT (Must be	
I, <u>Eric Choi</u>	orint name – first name, last	name) , agree	to teach the above listed courses during the 2022-2023 fiscal year.
Teacher's Signature	e: <u>Eric Choi</u>		Date: <u>8/3/2023</u>
EXECUTIVE DIRECT REQUEST AND CO	CTOR VERIFICATIO ONSENT	N OF	
Executive Director Nar	me (print) DAVID	HUSSBY	
Executive Director's S	ignature:		Date: 8/19/2022
Based on LAUSD HR form	1		

141208901

Employee No:

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Teacher Name | ALYSSA LEE

(first name_last name):

	Course Number	Grade Level	Course Title
6	VLLYBL, V GIRL - Lee - 6	VARIES	VOLLEYBALL
			net. (ALL areas must be satisfied):
section must	be completed and signed by a	certificated administrator.	
	a valid California teaching c ration program that include		pletion of a BA degree and teacher
5	, -	aid instruction appropriate	to the sport
		-	*
	me (print):		Position Title: Abmin Director Date: 8/4/22
ninistrator's Sig	nature:	an Camp	Date:
ACHER CON	SENT TO THE ASSIGNM	ENT (Must be completed by	teacher)
ACHER CON	SENT TO THE ASSIGNM	ENT (Must be completed by	teacher)
ACHER CON	ALYSSA LEE	, agree to teach th	teacher) e above listed courses during the 2022-2023 fiscal ye
	ALYSSA LEE (print name – first name, last name)	, agree to teach th	e above listed courses during the 2022-2023 fiscal ye
	ALYSSA LEE	, agree to teach th	e above listed courses during the 2022-2023 fiscal ye
	ALYSSA LEE (print name – first name, last name)	, agree to teach th	e above listed courses during the 2022-2023 fiscal ye
acher's Signa	ALYSSA LEE (print name – first name, last name) ture:	ne) , agree to teach th	e above listed courses during the 2022-2023 fiscal years. Date: 8/3/2022
acher's Signa	ALYSSA LEE (print name – first name, last name) ture:	ne) , agree to teach th	e above listed courses during the 2022-2023 fiscal y Date: 8/3/2022
acher's Signa	ALYSSA LEE (print name – first name, last name) ture:	ne), agree to teach th	e above listed courses during the 2022-2023 fiscal y Date: 8/3/2022

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Teacher Nai (first name_last na				Employee No:	160124861
Competitive Tean	n Sport Requested:	Wrestling			
Period No. (Only one allowed)	Course Number	Grade Level		Course Little	е
6 33	30947	9-12	Wrestling, VAR		
Hold a viteacher Comple Administrator's Name Administrator's Signa	ent to the Assign	ng credentials obtained that included student first aid instruction ap	ed via completion of teaching propriate to the spo	ort	odmin Director
, John Terndrup	(print name – first name, las	agree to	o teach the above li	sted courses during	g the 2022-2023 fiscal year.
Teacher's Signatui	re:		— Date: <u>(</u>	08/03/2022	
EXECUTIVE DIRE	ECTOR VERIFICATIO CONSENT	N OF			
xecutive Director Na	ame (print):	yw Hussy		1 1	
Executive Director's S	Signature:	A	Date:	8/17/20	

Scan/Email forms to: HR@ecrchs.net

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Employee No:

El Camino Real Charter High School

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Jason Sabolic

Teacher Name

(first name_last name):

Competitive Tea	am Sport Requested:	Football			
Period No. (Only one allowed)	Course Number	Grade Level		Course Title	
(0	585/5ldo	9-12	JV/Vax	Football	
is section must b • Hold a prepar	to e completed and signed by a valid California teachin ration program that included and 20 clock hours of forme (print):	ments to qualify have y a certificated administrate g credentials obtained vided student teaching irst aid instruction appro	or. ia completion of a BA de	,	aclan 122
EACHER CONS JaSol Pacher's Signat	(print name – first name, last			urses during the 2022-20	23 fiscal year.
XECUTIVE DIR		NOF REQUEST AND C		を	ature:
	S 77	γ ()			Scan

Date:	

Based on LAUSD HR form

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Employee No:

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ineerleading

CorbeH

Teacher Name (first name_last name):

Competitive Team Sport Requested:

Period No. (Only one allowed)	Course Number	Grade Level	Course Title
6	ncolony desirate fine access transfel fine access from the fine access transfer fine access transfer fine access	9-12	Cheerleading
			O
			been met. (ALL areas must be satisfied):
		y a certificated administrate	
	valid California teachin ition program that inclu		ria completion of a BA degree and teacher
 Comple 	eted 20 clock hours of f	irst aid instruction appro	ppriate to the sport
Administrator's Nam	e (print): CAMP	Jason	Position Title: Admin Due Ju Date: 08/05/22
Administrator's Signa	" /	taran Camo	Date:
Administrator 3 Oign	<i>U</i>		
TEACHER CONS	ENT TO THE ASSIGN	IMENT (Must be comple	eted by teacher)
1, Beth	Consett		each the above listed courses during the 2022-2023 fiscal year.
	(print name – first name, lass	name)	Date: 8/3/2022
Teacher's Signatu	ire:		
EXECUTIVE DIRE	ECTOR VERIEICATIO	N OF REQUEST AND	CONSENT
Executive Director Na		1 DAVID 1	tus 687 8/17/2L
Executive Director No	arrie (print).		
		At	Executive Director's Signature:
	M		Scan/Email
			for

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Admin Ducky

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