

Eatonville High School P.E. Waiver Request

Student _____ Grade _____ Date of Request _____

The waiver of (circle one) **.5 or 1.0** credits of P.E. is requested for the student listed above for the following reason:

Check one and provide the additional information as requested.

_____ PHYSICAL DISABILITY (Physician statement attached) Temporary until _____
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_____ RELIGIOUS BELIEF (A statement must be attached)
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PARTICIPATION IN A SANCTIONED WIAA SPORT ATHLETIC PROGRAM FOR TWO OR MORE SEASONS		
Year of Participation	Name of Sport	Signature of Coach
Year of Participation	Name of Sport	Signature of Coach
Year of Participation	Name of Sport	Signature of Coach
Year of Participation	Name of Sport	Signature of Coach

PLEASE ATTACH A CURRENT TRANSCRIPT

(A student who changes their program after a waiver has been approved must submit a new request)

Parent Signature	Student signature	Date

Approved _____	Administrator _____
Denied _____	Date _____