



Middle School Petition to Waive Physical Education

Parents: **Physical Education is a Washington State school requirement.** Please complete this form and submit to Division Head for each semester a waiver is requested. Administrative approval is required to waive Physical Education (P.E.). You will be notified of decision by email.

Application Date: _____ Semester applying for: Fall _____ (Year) Spring _____ (Year)

Parent Name(s): _____

Parent Email(s): _____

Student Name: _____ Grade: _____

Has your child previously received a waiver in Physical Education?

- Yes, give semester(s) and grade(s) waived (e.g., fall semester, grade 7): _____
- No

Check the appropriate box for waiver request:

- Physical disability – Attach verification from doctor or health care professional indicating that participating in P.E. class will be detrimental to student’s health.
- Directed athletics – Full season participation in extra-curricular athletics program. Student must complete season in good standing. Please explain: _____

- Religious belief – Attach a note from parent/guardian if religion does not allow for participation in P.E.
- Other good cause – Please explain: _____

In some circumstances, a waiver may be granted, and the student will be required to complete 100 minutes/week of an approved Physical Education activity outside of school and submit verification of proven competency.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Administrative Use Only

- Approved with no Competency Requirement
- Approved with Competency Requirement
- Not approved

Division Head signature: _____ Date: _____

Date parents notified by email: _____