

PHYSICAL EDUCATION WAIVER APPLICATION

Student: _____ Grade: _____ Date: _____

Activity 1 (Waiver Activity/Season/Year): _____

Coach/Advisor: _____

Activity 2 (Waiver Activity/Season/Year): _____

Coach/Advisor: _____

I understand the following requirements must be fulfilled in order to satisfy the Physical Education Waiver for Oakwood High School and the State of Ohio graduation requirement of one-half credit of physical education.

Student Must Initial Each Statement:

_____ I understand I must complete all requirements listed in this application prior to the beginning of my senior year. If I have not done so, I will be scheduled for two physical education courses during my senior year because they will be required for graduation.

_____ I must complete two full seasons of approved interscholastic athletic sports, cheerleading or two full years of marching band.

_____ I understand a full season is defined as one sport season (fall, winter or spring) that begins with the established OHSAA season start date or one academic season of marching band including participation in band camp.

_____ I understand if I drop marching band, am cut from a team, am ruled injured, quit the team, am ruled ineligible during the season, or have a violation of our athletic code during the season, the waiver applied for that season will be decided individually by the district through communication with the Coach/Advisor, Athletic Director and Principal. A primary consideration will be completion of 60 hours of physical activity.

_____ I understand by receiving this waiver, I will need to complete one additional half-credit elective course (a total of 5.5 elective credits for graduation) and it will be noted on my transcript I have completed the Physical Education requirement via waiver.

_____ I understand a partial waiver for PE I or PE II (based on one season of team participation) is not permissible.

_____ I understand participation in interscholastic athletics, marching band and cheerleading is a privilege and not a right. This policy shall not in any way be construed as granting me the right to participate in such district-sponsored activities. Board rules and policies including the Code of Conduct continue to apply. In addition, any student participating in this policy shall be subjected to any athletic fee and/or pay-to-participate fee.

_____ It is understood two full seasons must be completed to waive the physical education graduation requirement and no credit is earned for the activities replacing physical education courses.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

This portion will be completed by the Director of Athletics and Student Activities or his/her designee.

Verification the above-named student has completed each season of activity:

Activity 1: _____ Date of Completion: _____

Signature of Applicable Staff Member: _____

Staff Member Role / Position: _____

Date Entered in DASL: _____

Activity 2: _____ Date of Completion: _____

Signature of Applicable Staff Member: _____

Staff Member Role / Position: _____

Date Entered in DASL: _____