

**Issaquah School District  
Petition for Waiver of Athletic Requirement**

Student (Legal Name): \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Sport: \_\_\_\_\_ Season: \_\_\_\_\_

If student is requesting a waiver please complete the following:

Student has successfully completed a school-directed athletic season

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

Building use only below this line

Recommendation:  Approve  Deny

\_\_\_\_\_ Athletic Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Return signed form to Counseling. Please allow 7 days processing time before credit is applied to transcript.