

Request for Waiver of Physical Education Course
Federal Way School District

Name _____

Student ID _____

Date: _____

Graduation Year _____

In accordance with Board Policy 2410P and the RCW 28A.230.050 All high schools of the state shall emphasize the work of physical education, and carry into effect all physical education requirements established by rule of the superintendent of public instruction: PROVIDED, That individual students may be excused from participating in physical education otherwise required under this section on account of physical disability, or religious belief, or because of participation in directed athletics or military science and tactics or for other good cause.

Reason for Waiver Request:

☐ **Physical Disability**—student requesting physical disability excuse may not participate in school directed athletics or activities.

Diagnosis _____ Duration _____

Doctor Note Received _____
Date

☐ **Religious Beliefs**—student requesting religious excuse may not participate in similar school directed athletics or activities

Letter from Minister stating doctrine that prevents student's participation Received _____
Date

☐ **Directed Athletics (Activities)**—successful completion required

Sport Year

Coach's Name Coach's Signature

☐ Other _____

Request for Waiver of Physical Education Courses:

(Granted/Not Granted) _____
Administrator's Signature Date

Student Signature

Parent Signature