Form 2410a

High School PE Waiver Request

Student Name	_____	Request Date	_____
Student ID#	_____	Grade Level	_____
High School	_____	Grad Requirement Year	_____

INSTRUCTIONS

1. Student is to complete all related fields below under the direction of the counselor.
2. Student will submit request to building principal no later than the end of first semester of senior year.
3. Building will notify student of outcome and update transcripts.
4. Original document will be retained and placed in student cumulative file.
5. A student who changes his/her program after a waiver has been approved, must submit a new request.

I _____ am requesting to waive ☐0.5 or ☐1.0 credits of PE. I understand a waiver does not earn course credit.

Initial ONE	Reason	Additional Requirement
	PHYSICAL DISABILITY	Attach physician's statement including nature of disability and anticipated duration.
	RELIGIOUS BELIEF	Attach statement.
	INTERSCHOLASTIC ATHLETIC PROGRAM • One credit is the maximum PE credit that can be waived in this category. • One completed interscholastic athletic season = 0.5 credit waived. (max =1.0 credit) One year of school cheer/dance = 0.5 credit waived. (max =1.0 credit) One year of marching band = 0.5 credit waived (max 0.5 credit) Team managers do not qualify. Coach/Advisor signature is required. • Requests will be accepted no earlier than the beginning of the junior year and no later than the end of the first semester of the senior year. • Community based athletic programs have potential for waiver but are only permitted on principals prior approval. **NOTE:** No student will be granted a PE waiver under this category if at any time he/she has an **early dismissal/late arrival schedule** or has been a **teacher assistant and/or office assistant** in grades 9-12.	A signature below verifies your completion of an entire sports season with full participation. Team managers do not qualify. **Sport** _____ **Sport** _____ **Participation Dates** _____ **Participation Dates** _____ **Coach, Advisor, or Athletic Director Signature** _____ **Coach, Advisor, or Athletic Director Signature** _____

ACADEMIC REASONS

- One credit is the maximum PE credit that can be waived in this category. Requests will be accepted no earlier than the beginning of the junior year and not later than the end of the first semester of the senior year.

NOTE: No student will be granted a PE waiver under this category if at any time he/she has an **early dismissal/late arrival schedule** or has been a **teacher assistant and/or office assistant** in grades 9-12.

List below the courses you have taken or plan to take in grades 11-12.

Grade 11		Grade 12	
Semester 1	Semester 2	Semester 1	Semester 2

Student Signature _____ **Parent Signature** _____ **Date** _____

COUNSELOR

☐ Student successfully completed 9th grade PE & Health.

☐ If waiver is for athletics, student has not had early dismissal/late arrival schedule or TA/Office aide in grades 9-12.

Counselor Signature _____

PRINCIPAL

PE Waiver Request

☐ APPROVED

☐ DENIED

Principal Signature _____

REGISTRAR

	Initials	Date
Received		
Transcripts Updated		
Copy to Cumulative file		