

# LYONS TOWNSHIP HIGH SCHOOL

Request for Physical Education Waiver

Date \_\_\_\_\_

Student Name  
(Last, First) \_\_\_\_\_

Class of \_\_\_\_\_ Student ID# \_\_\_\_\_

Student Counselor \_\_\_\_\_

Waiver requested for \_\_\_\_\_ - \_\_\_\_\_ school year for     Fall             Spring             Annual

Reason for request (check one):

\*Please review the full requirements to qualify for a PE waiver at [www.lths.net/Page/500](http://www.lths.net/Page/500)

- 1. **Requirement for college entrance:** The student has a 7 course schedule, college of choice requires this course for admission, and has no room in schedule for needed course.
- 2. **Requirement for high school graduation:** The student has a 7 course schedule and still needs this course in order to graduate with class.

Academic credits to date \_\_\_\_\_ Semesters of Physical Education passed to date \_\_\_\_\_

Course to be taken in lieu of Physical Education \_\_\_\_\_

Proposed Course Selection	
Fall	Spring

Signatures:

Student \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Counselor \_\_\_\_\_

Date \_\_\_\_\_

*(The counselor's signature denotes that the request has been reviewed)*

Signatures & Approval:

Physical Welfare Division Chair \_\_\_\_\_

Date \_\_\_\_\_

- Request approved             Request Denied

Principal \_\_\_\_\_

Date \_\_\_\_\_

- Request approved             Request Denied