



Physical Education Waiver

This form to be completed by the student for each semester waiver requested. Please attach a copy of your High-School & Beyond Plan.

Application date: _____ Semester applying for: _____

Name: _____ Grade: _____

High School: _____ Graduation Year: _____

Physical education completed.

- 1 semester
- 2 semesters

Have you received a waiver in physical education?

- Yes, semester waived (e.g., Second semester, Sophomore Year) _____
- No

The following six categories qualify as allowable reasons for the administrator to consider waiving physical education (as required by RCW 28A.230.050); check the appropriate box for waiver request:

- Physical Disability** – Attach verification from doctor or health care professional indicating that participation in a physical education class will be detrimental to student’s health.
- Employment** – Attach verification from employer including dates and times of employment.
- Religious Belief** – Attach a note from parent/guardian if religion does not allow for participation in physical education.
- Directed Athletics** – Participation in school district extra-curricular athletic program. Student must complete season in good standing.
- Military Science & Tactics** – Equivalency Credit
- Other Good Cause** – Please explain (attach an extra sheet if necessary):

I understand that if the Physical Education Waiver Application is approved, I will be required to take a written test and/or complete portfolio requirements according to district policy.

(Signature of Student)

(Signature of Parent/Guardian)

Waiver Approved

Administrator’s Signature: _____ Date _____

Counselor’s Signature: _____ Date _____

PE Department Head’s Signature: _____ Date _____