



Dublin City School District

Students
5460 F4
New 2/27/12

Application for Physical Education Class Waiver

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Parent/Guardian's name: _____

Building: _____ Student ID#: _____

Please be informed that it is my intention to participate in one or more of the following activities:

Interscholastic Athletics, Marching Band, or Cheerleading

for 2 seasons to serve as a waiver for one of my Physical Education requirements. I understand that this will mean that I am required to complete at least an additional .25 credit elective in order to graduate.

I understand if I am cut, quit, become academically ineligible or removed from a team and do not participate in 2 additional activities, I will need to complete the Physical Education requirement for graduation.

Student signature: _____ Date: _____

Parent/Guardian signature: _____

Guidance counselor: _____

Dear Guidance Counselor,

Please note that the above student has successfully completed:

Activity: _____ Grade: _____

Date: _____

Coach / Band Director's signature: _____