

## Appendix E - Class of 2026 and Beyond Request for Excuse from Physical Education

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Class of: \_\_\_\_\_

Minimum state and district graduation requirements require all students to earn one and one half (1.5) credits in physical education through coursework. However, in accordance with RCW 28A.230.050, individual students may be excused from participating in physical education courses if they fall into one of five qualifying categories outlined below.

Students seeking to be excused from physical education must complete and submit this form (Appendix E). In accordance with WAC 180-51-067, excused students shall be required to demonstrate competency/mastery of the knowledge portion of physical education and engagement in physical activity. This requirement will be met through successful completion of both the district-approved and district-administered Fitness Assessments AND the Athletic/Activity Log.

This application for the **Excuse from PE** may be submitted in the fourth quarter of 11<sup>th</sup> grade. Fitness assessments are administered during 12<sup>th</sup> grade. Students requesting to be excused from the PE graduation requirement **MUST** meet and agree to the criterion below:

- ☐ If the Request for Excuse from PE is granted, students understand they will no longer qualify for a TA position or late arrival/early release while in high school and must participate in a full 6 period day.
- ☐ Successfully passing ONE Fitness Assessment will excuse one semester/.5 credit of PE. Successfully passing BOTH Fitness Assessments 1 and 2 are required to excuse 1.0 credit of PE.
- ☐ The remaining .5 credit may be satisfied through directed athletics or an outside activity. Students must provide a completed Athletic/Activity Log. Successful participation and full completion of one LWSD athletic season or 80 hours of regular workout, practices, and competitions within the academic school year, not including summer. (See page 2 for details)

**Qualifying Category** (select applicable option 1-5 listed below): \_\_\_\_\_

*If request is approved, all options require passing the district Fitness Assessment(s).*

|                               |  |
|-------------------------------|--|
| <b>1. Directed Athletics</b>  | Participation in Lake Washington School District extra-curricular athletic programs and/or participation in community-based organized athletics/activities.                                  |
| <b>2. Physical Disability</b> | Attach a verification letter from the IEP, doctor or health care professional indicating that participation in a PE class will be detrimental to student's health.                           |
| <b>3. Religious Belief</b>    | The student's religion stipulates against participation in physical education. Attach a signed verification and explanation of stipulating circumstance from the student's religious leader. |
| <b>4. Employment</b>          | The student must work to assist family or student is currently self-supporting. Attach an employment verification letter from employer.  |
| <b>5. Other Good Cause</b>    | Example: Student demonstrates courseload constraints and academic need based on high school four-year course plan.<br>_____<br>_____   |

Is this your first PE waiver request? Yes ☐ No ☐

If No, have you successfully passed Fitness Assessment 1? Yes ☐ No ☐

Office Use Only: ☐ Approved ☐ Denied

**DECISIONS MADE AT THE BUILDING LEVEL ARE FINAL**

\_\_\_\_\_  
Administrator/Designee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Entered by Data Processor

\_\_\_\_\_  
Date

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Class of: \_\_\_\_\_

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**Request for Excuse from Physical Education**

**Athletics/Activity Log** (Choose one option below)

☐ **ON CAMPUS - Participation in LWSD extra-curricular athletic program**

*Successful participation and full completion of one LWSD athletic season = .5/one semester credit of PE.*

|         |             |       |
|---------|-------------|-------|
| Sport:  | Season:     | Year: |
| School: | Coach Name: |       |

☐ **OFF CAMPUS - Participation in Community-based organized athletics/activities**

*Successful participation requires a minimum of 80 hours of regular workout, practices, and competitions within the academic school year, not including summer. 80 hours = .5/one semester credit of PE*

|                                    |
|------------------------------------|
| Program/Sport:                     |
| Coach/Sponsor Name:                |
| Coach/Sponsor Contact Information: |
| Dates of participation:            |

**I VERIFY COMPLETING A SEASON OF A SPORT/THE HOURS OF ACTIVITY REPORTED ARE ACCURATE.**

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Coach or Athletic Director Signature \_\_\_\_\_ Date: \_\_\_\_\_