

Student Name: _____ Student ID #: _____ Class of: _____

Appendix E – Page 2
Request for Excuse from Physical Education

Athletics/Activity Log (Choose one option below)

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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:	

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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: _____