VERMILION HIGH SCHOOL
PHYSICAL EDUCATION WAIVER

STUDENT NAME (Printed): _____ **GRADE:** _____

PARENT NAME (Printed): _____

SEASON: _____ **SCHOOL YEAR:** _____ **SPORT OR ACTIVITY:** _____

**** PHYSICAL EDUCATION WAIVER POLICY ****

Students who complete two seasons of district-sponsored and approved interscholastic athletics, marching band (including majorettes and flag line) or cheerleading have the option of waiving the physical education requirement for graduation. Physical Education Waiver forms are available in the Student Services Office. Students must obtain all signatures listed on the form and submit it to the Athletic Director. Physical Education Waiver forms are due two (2) weeks after the completion of the season.

Students must submit the Physical Education Waiver form PRIOR to the senior year. If a student has not completed the ½ credit Physical Education requirement or has not turned in the waiver forms by his/her senior year, he/she will be scheduled into Physical Education classes.

Students will not receive credit for these activities or the PE classes that are waived. Students must meet all the required credits for graduation, including their elective credits.

If a student is injured during the course of a season he/she is still expected to attend practices, meetings, and games that are not limited by the medical illness or injury throughout the remainder of that season to qualify for the Physical Education Waiver. Failure to meet this requirement will nullify the potential for a Physical Education Waiver. A student who quits or is dismissed from the team is ineligible to earn the Physical Education Waiver for the season in question. This includes dismissal for violating team, athletic department, or school rules. Any student who is academically ineligible for the sport or activity is not permitted to apply for a Physical Education Waiver.

Students must waive both required Physical Education classes to meet the ½ credit of Physical Education for graduation. Two waiver forms must be submitted.

REQUIRED SIGNATURES (in order of listing):

Student: _____

Parent: _____

Coach/Advisor: _____

Athletic Director: _____

Date Approved: _____

************************ **FOR OFFICE USE ONLY** ************************

Sport/Activity: _____ 1st Waiver: _____

Sport/Activity: _____ 2nd Waiver: _____

☐ Physical Education Requirements Fulfilled: _____

Guidance Counselor: _____