COMMUNITY HIGH SCHOOL DISTRICT 99
REQUEST FOR ATHLETIC PHYSICAL EDUCATION EXEMPTION FOR 2026-2027

NAME _____ ID#_____

SPORT:_____ Fall Winter Spring
SPORT:_____ Fall Winter Spring
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Circle which semester(s) you are applying for: 1st semester 2nd semester

Submit completed form (ALL SIGNATURES) to Counseling Office no later than May 15, 2026.

Please read the following information carefully:

- Only juniors and seniors can apply
- Must be enrolled in 6 academic classes
- Must participate in sport for the entire season; If you stop being a member of an athletic team, for any reason, you must notify your counselor immediately or you may jeopardize your graduation status.
- **Students are expected to be on-campus and scan into the Athletic Office for in-season exemptions that include a return to PE class. Students should report to the Commons for their study hall time.**

Exemption Options

1. **Partial Semester Exemption** (Season is 12 weeks or less)
   Students whose season is 12 weeks or less will be required to enroll in a PE course and attend PE class for the weeks they are not "in season"

   _____ **PASS/FAIL (P or F)**
   - P grades DO NOT factor into GPA; F grades DO factor into GPA
   - Student will not be required to make up content during which time the student is exempt
   - Student will be required to attend class daily and complete all coursework when not in-season
   - Student will not be required to take the final exam

   _____ **LETTER GRADE**
   - Letter grades DO factor into GPA
   - Student will not be required to submit written work during the time in which the student was exempt
   - Student will be required to attend class daily and complete all course work when not exempt
   - Student will be required to take the final exam

2. **Full Semester Exemption** (Season is 13 Weeks or Longer)

   _____ **I WILL NOT ENROLL IN PE CLASS**

I understand the Athletic PE Exemption requirements.

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

** SEE OTHER SIDE ***

TITLE	SIGNATURE	DATE
Athletic Director		
PE/Health/Driver Ed Department Chair		
Counselor		
Student enrolled in minimum 6 credit classes if not receiving a full semester exemption?		**Sem 1 Y N** **Sem 2 Y N**

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