



### PHYSICAL EDUCATION WAIVER REQUEST Classes of 2017-2020

Student: \_\_\_\_\_ Graduating Class of: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

The waiver of \_\_\_\_\_ credits of Physical Education is requested for the student named above.  
(number)

We have attached proof of participation in a community-based physical activity (e.g., club team, organized class at YMCA or gym) or school-based physical activity (sport or activity team). Allowed documentation must include signature of coach or instructor and some form of performance evidence (e.g., video, team roster, publicity including student name). Attach performance evidence using Form 2410F-2.

Name/type of activity: _____	
Dates: _____	Total # of Hours: _____
<input type="checkbox"/> I attest to the participation of the above-named student for the number of hours shown.	
_____ Coach/Instructor Name – Printed	_____ Signature
Note: 80 hours of organized activity required for 0.5 credit. You may request up to 1.5 credits waived (240 hours).	

  

Name/type of activity: _____	
Dates: _____	Total # of Hours: _____
<input type="checkbox"/> I attest to the participation of the above-named student for the number of hours shown.	
_____ Coach/Instructor Name – Printed	_____ Signature
Note: 80 hours of organized activity required for 0.5 credit. You may request up to 1.5 credits waived (240 hours).	

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Request approved: \_\_\_\_\_ Reason request denied: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_