

## HIGH SCHOOL PHYSICAL EDUCATION WAIVER

### Class of 2021 and Beyond

Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

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

Application Date: \_\_\_\_\_ Applicable Semester: \_\_\_\_\_

Physical Education Waiver Request:

First Waiver _____
Second Waiver _____
Third Waiver _____

Physical Education Waiver Guidelines:

➤ Student is junior or senior status
➤ Student is full-time status (no open period)

The following categories qualify as allowable reasons for the department leader and principal to consider waiving Physical Education graduation requirements:

**Physical Disability:** Attach documentation from a doctor or healthcare professional indicating that participation in a physical education class will be detrimental to the student's health.

**Employment requiring a reduced schedule:** Attach verification from employer including days and time of employment.

**Religious Belief:** A student's religion stipulates against participation in physical education. Written verification from parent/guardian is required.

**Directed, School Athletics:** Participation in school district extra-curricular programs that requires at least 80 hours of substantiated physical activity/education. Students must complete the full season in good standing.

**Community-Based Physical Activity:** This would include club team, organized fitness that requires at least 80 hours of substantiated and confirmed physical activity/education.

**Student Procedures:**

1. Discuss physical education class options and waiver idea with the Physical Education Department Leader.
2. Obtain waiver paperwork and information from the Counseling Office or Student Services. Documentation and alternate activity must be completed within the academic year in which the waiver is requested. A student may request to waive .5 credit per semester.
3. Document 80 hours of alternate activity using Form 2410F-2.
4. Complete the competency portion of the Physical Education waiver outlined in the Preamble and Guideline document.
5. Submit completed documentation to the Physical Education department leader and a separate copy to the counselor. Department leader will forward documentation to principal.

*I understand the requirements to complete and record a minimum of 80 hours of alternate activity, and complete the competency assessment or portfolio as described in Administrative Policy.*

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Physical Education Teacher

\_\_\_\_\_  
Counselor