

PHYSICAL EDUCATION WAIVER REQUEST

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. You may use more than one form if necessary.

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: 90 hours of organized activity required for 0.5 credit. You may request up to 1.5 credits waived (270 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: 90 hours of organized activity required for 0.5 credit. You may request up to 1.5 credits waived (270 hours).	

Date: _____

Parent Signature: _____ Student Signature: _____

Request approved: _____ Reason request denied: _____

Administrator Signature: _____ Date: _____