To make it possible for students to take an additional elective, we offer a physical education waiver to accommodate those who meet the following criteria:

- All requests for a waiver must be approved through the Principal.
- Students must enroll in two year-long electives to qualify for a waiver.
- Parents must request the waiver and include a detailed written justification.
- Space is available after non-waivered students have been placed.

Sports Participation:
- Student participation in OUT-OF-DISTRICT sport(s) must be validated by a coach including the substantial time commitment (or)
- Student participation in AFTER SCHOOL sports must occur in two different seasons.

PLEASE COMPLETE ALL INFORMATION FOR CONSIDERATION

Student Name ___________________________ Grade ________ I.D. # ____________

OPTION #1 – The following information is required for OUT-OF-DISTRICT SPORTS

<table>
<thead>
<tr>
<th>Sports Organization</th>
<th>Sport</th>
<th>Time Commitment per week</th>
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</table>

Printed Name of Coach __________________ Signature ______ Phone # ______

<table>
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</table>

Printed Name of Coach __________________ Signature ______ Phone # ______

OPTION #2 – The following information is required for AFTERSCHOOL SPORTS. These must occur in different seasons.

Sport #1 __________________ Season ______ Sport #2 __________________ Season ______

REASON FOR WAIVER REQUEST – PARENT TO COMPLETE THIS SECTION (Additional Space on Reverse Side)

________________________________________________________________________
________________________________________________________________________

I understand the conditions of the physical education waiver and I will be responsible for providing documentation of physical activity per the criteria listed above. (Attach any supporting document) I will also provide transportation for the activities selected. I understand scheduling conflicts may prevent scheduling of additional electives.

Parent/Guardian Name (Printed) __________________ Parent/Guardian Signature ____________

Counselor Signature __________________ Principal Signature ____________

☐ APPROVED ☐ NOT APPROVED

Date ____________________________

April 2020