

**Physical Education Waiver Application**

**Step One – Student Responsibility**

Student Name: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Check the activity below that you successfully completed in order to waive your P.E. requirement:

\_\_\_\_\_ Marching Band (.5 waiver per marching season)

\_\_\_\_\_ CHSAA sponsored sport (.5 waivers per sport season) Sport(s) \_\_\_\_\_

\_\_\_\_\_ Spirit Squad (Cheerleading/Poms)

Semester(s) and dates of participation: \_\_\_\_\_

Amount of credit requested to be waived: \_\_\_\_\_.5    \_\_\_\_ 1.0

Athletic/Activities Director signature: \_\_\_\_\_ Date \_\_\_\_\_

**Step Two – Review ICAP Plan**

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Step Three – Parent/Guardian Consent**

I support my child's request for a P. E. waiver.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Step Four – Administrator Approval**

\_\_\_\_\_ This request to waive P.E. credit is accepted.

\_\_\_\_\_ This request to waive P.E. credit is denied. It does not meet the criteria for a P.E. waiver for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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