

## **PHYSICAL EDUCATION WAIVER**

1.0 High school juniors and seniors are eligible to request .5 to 1.0 waiver of credit for the physical education (P.E.) graduation requirement. Students who qualify for a waiver are still required to complete the total number of credits necessary to fulfill graduation requirements. Students who participate and successfully compete in and for a Colorado High School Activities Association (CHSAA) sponsored sport, spirit squad or marching band are eligible to request a P.E. waiver.

### 2.0 Requests for Waiver are not Applicable For:

2.1 Students who wish to enhance their academic standing by re-taking a previously passed course for grade replacement;

2.2 Students who wish to apply for early graduation;

2.3 Students who are in jeopardy of not graduating on time (over age, under credit), or,

2.4 Students seeking to schedule a free period in their school days.

### 3.0 Guidelines for P.E. Waiver:

3.1 Students must meet with their counselors if they are requesting a P.E. waiver their junior and/or senior year. ICAP will be reviewed with the counselor if a waiver request is initiated.

3.2 Waiver requests are available for marching band, CHSAA sanctioned sports, or spirit squad if a student has successfully completed a full season of any level of sport and/or a season of marching band or spirit squad during one of the eight semesters of high school. One successful season of a sport, spirit squad and/or marching band is equivalent to a .5 waiver of credit.

3.3 Students requesting a waiver must be enrolled in classes for a minimum amount of time equivalent to six class periods per day.

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4.0 A maximum of 1.0 waiver of credit will be available if a student completes two (2) seasons of a qualifying activity.

5.0 An application for a waiver must be submitted after successful completion of the activity and during a student's junior or senior year. The waiver will be allowed or denied within thirty school days.

6.0 This policy does not apply to a waiver of the physical education credit requirements for graduation that may be available, at the discretion of the Superintendent, to those high school students who are enrolled in and complete: 1) a distinctly identified comprehensive academic program with additional academic requirements not applicable to all district high school students, and, who, because of the requirements of the program, are unable to complete the program without the waiver of the physical education credit requirements for graduation; or, 2) a series of uniquely identified and related courses with additional academic requirements not applicable to all district high school students, and, who, because of the requirements of the series of courses, are unable to complete the series of courses without the waiver of the physical education credit requirements for graduation.

**CROSS REFERENCES:**

Code: 6285

Code: 6340

Adams 12 Five Star Schools

Most Recent Adoption by Direction of Board of Education February 16, 2011

### 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: \_\_\_\_\_