



# Physical Education Waiver

Student Name \_\_\_\_\_ Current Grade \_\_\_\_\_ Student ID \_\_\_\_\_

**I have successfully completed the following qualifying sports/activities:**

**Sport/Activity 1** \_\_\_\_\_

Season participated:  fall  winter  spring

Year \_\_\_\_\_ (i.e. 2017-18)

**Sport/Activity 2** \_\_\_\_\_

Season participated:  fall  winter  spring

Year \_\_\_\_\_ (i.e. 2018-19)

Students who successfully complete the PE waiver fulfill the PE graduation requirement.

No credit is awarded.

**Qualifying sports/activities:** District sponsored/approved sports, Cheerleading, Dance Team, JROTC, Marching Band/Guard, Winter Guard and Winter Drum Line.

**Return this form to the Counseling Office when complete**

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**For office use below**

Physical Education Waiver granted:  yes  no

Athletics/Activities Director: \_\_\_\_\_

Entered in DASL: \_\_\_\_\_