The Center School
Physical Education Waiver Request Form

PE Waivers will be granted for only ONE semester at a time – the current semester. The waiver must be requested during the semester that the student wishes to have PE waived. Request forms should be completed and returned to your COUNSELOR at least one month before the end of the semester in which the waiver is requested. Waiver requests received after the end of the applicable semester may be denied. Student waivers from participation in PE classes must be directly related to the criterion listed. To qualify, a student must be enrolled in 6 classes during the semester in which the waiver is requested.

The following five categories qualify as allowable reasons for the principal to consider waiving PE. (A note of explanation is required for categories 1-4.)

1. Physical disability – Request must be signed by attending physician with a note of explanation.
2. Religious beliefs – Religion stipulates against participation in physical education. A note of explanation is required.
3. Academic requirement (including music program) – Teacher’s approval and note of explanation required.
4. Directed athletics – Participation in Seattle School District extra-curricular athletic programs requires coach’s verification. Participation in community athletics requires weekly log documenting hours and parent and coach’s verification. A student can only be excused from physical education during the actual season of his/her participation.
5. Military service and tactics.

Name ______________________________________________________________
(Last) (First) (MI)

Student ID #: ___________________________________ Graduation Year: 20__________

Waiver Category #: ___________________________ Semester: 1st OR 2nd of ________
(See categories 1-5 above) (circle ONE) (School Year 03-04, 04-05, etc.)

Note of Explanation:________________________________________________________________________

Teacher/Coach Signature: ____________________________________________

Parent/Guardian Signature: __________________________________________

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Return this form to your counselor

Approved OR Denied by: ________________________________ Counselor __________ Date

CIRCLE ONE

Approved OR Denied by: ________________________________ Administrator __________ Date

CIRCLE ONE

Entered by: ________________________________ Course # _______ Term: ___________

Date