



## MIDDLE SCHOOL PHYSICAL EDUCATION WAIVER

School: \_\_\_\_\_ School Year \_\_\_\_\_ Date \_\_\_\_\_

Student Name (print):

Grade Level:

Parent Name (print):

Parent Signature:

Home Address:

Phone (home):

Phone (cell and/or work):

### Select one of the following options:

**WAIVER OPTION ONE:** THE PARENT REQUESTS THAT THE STUDENT ENROLL IN ANOTHER COURSE FROM AMONG THOSE OFFERED AS OPTIONS BY THE SCHOOL DISTRICT.

In lieu of participating in the equivalent of one class period of Physical Education per day for one semester, the student will be scheduled to take another course. (*A waiver may not be requested after the student's schedule has been completed.*)

**WAIVER OPTION TWO:** THE STUDENT IS PARTICIPATING IN PHYSICAL ACTIVITIES OUTSIDE THE SCHOOL DAY (EXCLUDING SCHOOL PROGRAMS) WHICH ARE EQUAL TO OR IN EXCESS OF THE MANDATED REQUIREMENT.

In lieu of participating in the equivalent of one class period of Physical Education per day for one semester, the student will participate in physical activities outside the school day (*excluding school programs*).