

Interscholastic Sports Physical Education High School Waiver Request Form

(Revised 1/31/2018)

Directions: Read all notifications carefully. Complete the form after the sport seasons have been successfully completed.

Section I

Student Name: _____ Student Number: _____ School: _____

School Counselor at time of submission of form: _____

Junior Varsity or Varsity Sports Completed:

Full Season 1 Sport: _____ Dates of Completed Season: _____

Full Season 2 Sport: _____ Dates of Completed Season: _____

Student Statement of Understanding

Section II

- I understand that because I have participated for two full seasons in an interscholastic sport at the junior varsity or varsity level that I will not be required to take the one credit of physical education.
- I understand that sports participation does not prevent me from taking physical education, and that I may elect to take any physical education course, including HOPE or Personal Fitness and any approved Physical Education Elective for credit that will be applied to my GPA.
- I understand that I will not receive a grade or credit for the sport in which I participated. I will simply be granted a waiver for the physical education graduation requirement. I understand the waiver of the physical education course does not affect the number of credits required for graduation and I may need to replace this course with an elective to meet the credits required for high school graduation.

(Student's Name) (Please Print)

(Student's Signature)

(Date)

Parent Permission to Waive Health Integrated Physical Education Elective

Section III

- As a parent/legal guardian of the above named student, I understand and permit the school to waive the required one credit in Physical Education by participating in the 2 qualified full seasons of high school FHSAA sport.
- As a result of this waiver, I acknowledge my child will have little to no exposure to the statutory requirements of Physical Education and Health Education.

(Parent/legal guardian's name) (Please print)

(Parent/legal guardian's signature)

(Date)

Coach/Administrator Verification

Section IV

- I confirm above student has completed active participation as defined on previous page of 2 full seasons of junior varsity or varsity seasons of the approved interscholastic sports listed in section I and verify the dates of completion are accurate.

(Athletic Director Signature)

(Date)