EASTMONT HIGH SCHOOL PHYSICAL EDUCATION WAIVER

Note: A student is expected to complete one form for each semester that a waiver is being requested.

Application Date:		
Name:	Grade:	Grad Year:
Physical Education courses that have been completed:	□ 1 semester	□ 2 semesters
Have you received a prior physical education waiver? ☐ Yes, list what semester was waived (e.g., during sop ☐ No	ohomore year)	
Check all that apply:		
☐ I have been enrolled as a TA		
☐ I have had a Study Hall (e.g., I Team)		
☐ I failed physical education during high school		
☐ I have had an open period during high school (e.g.,	late arrival or early	dismissal)
The six categories listed below qualify as allowable reason education - check the appropriate box for your waiver required.		trator to consider waiving physical
□ Physical disability		
Attach health provider verification outlining ho	w P.E. would be det	trimental to your health and/or what
Level of participation is allowed		
□ Employment		
Attach verification from the employer including	g dates and time of	employment
☐ Religious Belief Attach a note from the parent/guardian in rega	ard to religious limits	ations for PF
☐ Directed Athletics	ira to religious ilitile	ations for F.E.
Attach verification of successful completion of	a season in a distri	ct extracurricular athletic program
☐ Military Science and Tactics	a scason in a distin	ot extraodiffication at field program
Attach documentation of participation		
□ Other Good Cause		
Please explain:		
Student Signature	Parent/0	Guardian Signature
Decision:		
□ Approved		
□ Not approved Reason:		
Administrator		