	2024-2025 MIDDLE SCHOOL PHYSICAL EDUCATION WAIVER REQUEST			
	School:	Grade Level:	Date:	
	Student Name:	Student Number:		
	Parent/Guardian Name (print):	Parent/Guardian Signature:		
	Home Address:			
	Phone Number:	Email Address:		
Select	t one of the following options:			
WA	IVER REQUEST (OPTION ONE):			
I REQUEST THAT MY CHILD ENROLL IN ANOTHER COURSE FROM AMONG THOSE OFFERED AS OPTIONS BY THE SCHOOL. In lieu of participating in the required one class period per day of physical education for one semester of each year, the student will be scheduled to take another				
cours	e. Course offerings are subject to availability at each school.			
MY C	IVER REQUEST (OPTION TWO): CHILD IS PARTICIPATING IN PHYSICAL ACTIVITIES OUTSIDE THE SCH AL TO OR IN EXCESSS OF THE MANDATED REQUIREMENT.	HOOL DAY (excluding school athletics ar	nd sport programs) WHICH ARE	
activit	of participating in the required one class period per day of physical educa ies outside the school day (excluding school programs such as the afterscl different course. Course offerings are subject to availability at each schoo	nool program, intramurals or athletics pro		iled to
	IVER REQUEST (SCHOOL OPTION):			
In lie	UDENT IS REQUIRED TO BE ENROLLED IN A REMEDIAL COURSE u of participating in the required one class period per day of physical educa Jing or Math course.	ation for one semester of each year, the s	student will be scheduled in a reme	edial
•	All final decisions for physical education waiver requests will be determine This form is only valid for one school year. A new waiver request must be waive physical education.		a student is eligible and requests	to

