

## BELLINGHAM PUBLIC SCHOOLS

### PHYSICAL EDUCATION WAIVER REQUEST

Student: \_\_\_\_\_ Graduating Class of: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

The waiver of \_\_\_\_\_ credits of Physical Education is requested for the student named above. We have attached proof of participation in a community-based physical activity (e.g., club team, organized class @ YMCA or gym) or school-based physical activity (sport or activity team). Allowed documentation must include signature of coach or instructor and some form of performance evidence (e.g., video, team roster, publicity including student name). Attach performance evidence. You may use more than one form if necessary.

Name/type of activity: \_\_\_\_\_

Dates: \_\_\_\_\_ Total # of Hours: \_\_\_\_\_

I attest to the participation of the above-named student for the number of hours shown.

\_\_\_\_\_  
Coach/Instructor Name – Printed

\_\_\_\_\_  
Signature

Note: 90 hours of organized activity required for .5 credit. You may request up to 1.5 credits waived (270 hours).

Name/type of activity: \_\_\_\_\_

Dates: \_\_\_\_\_ Total # of Hours: \_\_\_\_\_

I attest to the participation of the above-named student for the number of hours shown.

\_\_\_\_\_  
Coach/Instructor Name – Printed

\_\_\_\_\_  
Signature

Note: 90 hours of organized activity required for .5 credit. You may request up to 1.5 credits waived (270 hours).

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Request approved: \_\_\_\_\_ Reason request denied: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution: White-Student cumulative file; Yellow – Parent; Pink – Deputy Superintendent