



MIDDLE SCHOOL PHYSICAL EDUCATION WAIVER REQUEST

Student: _____

Date: _____

School: _____

Grade: _____

This form must be completed each semester for those students who are requesting to have their PE class waived. Please check with your school registrar to see what classes are available. Note that some classes may be full or not offered during your child's PE period.

- The student must participate in a directed, structured school or community-based physical activity for a minimum of 100 minutes per week for an 18-week semester.
- In addition to the 100 minutes of weekly activity, students must meet the "Healthy Zone" criteria of the Fitness Gram Assessment conducted by the PE teacher.

This waiver request is for: 1st Semester 2nd Semester (circle one)

PLAN:

Name/type of intended activity: _____

Dates: _____

Number of minutes per week: _____

Number of weeks: _____

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

Coach/Instructor – Printed Name

Coach/Instructor – Signed Name

Contact Information: Phone Number _____ Email: _____

VERIFICATION:

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

Coach/Instructor – Printed Name

Coach/Instructor – Signed Name

Parent Signature: _____ Student Signature: _____

Please return this form to the Registrar of your school. See the Principal or the P.E. Teacher if you have questions about waiving P.E.

PE Department Approval:

This student is in the Healthy Zone of the Fitness Gram Assessment in all four areas:

Crunches/Sit-ups

Push-ups

Pacer Run

Sit and Reach/Flexibility

PE Instructor Signature: _____

Approved

Principal Signature: _____

Denied

Distribution: White – Student Cumulative File Yellow – Parent Pink – Deputy Superintendent