Name of student (Please print clearly) ____________________________ Date ______________________

requests a waiver from the P.E. requirement for the following reason(s):

☐ physical disability (a letter from your physician is required)

☐ employment (a letter from your employer is required)

☐ religious belief

☐ participating in directed athletics or military science and tactics

Name of activity: __________________________

Name of contact: __________________________ Phone number: __________________________

☐ other (please see RCW below)

Please explain (use the back of the form if more space is needed):

________________________________________________________________________________________

________________________________________________________________________________________


All high schools of the state shall emphasize the work of physical education, and carry into effect all physical education requirements established by rule of the superintendent of public instruction: PROVIDED, That individual students may be excused from participating in physical education otherwise required under this section on account of physical disability, employment, or religious belief, or because of participation in directed athletics or military science and tactics or for other good cause.

• Students must replace the waived P.E. credit with equivalent credit in other elective courses.
• Waiving P.E. credits does not reduce the number of credits required for graduation.
• Students who waive the P.E. requirement are still eligible to take and receive elective credit for P.E. if they choose to do so at a later date.

Student signature __________________________ Date __________________________

Parent signature __________________________ Date __________________________

________________________________________________________________________________________

Office Use Only

☐ P.E. Waiver Approved

☐ P.E. Credit waived ☐ 1.50 ☐ 1.00 ☐ .50

Waiver denied for the following reason:

________________________________________________________________________________________

________________________________________________________________________________________

Principal’s signature __________________________ Date __________________________