



**ROOSEVELT HIGH SCHOOL  
PHYSICAL EDUCATION WAIVER REQUEST FORM**



PE Waivers will be granted for only ONE Semester at a time. Request forms should be completed and returned to the school.

Waivers must be received by the following deadlines:

First Semester Deadline – March 1<sup>st</sup>

Second Semester Deadline – October 1<sup>st</sup>

Waiver requests must be directly related to the criterion listed below:

The following categories qualify as allowable reasons for the principal to consider waiving PE.

**Check Applicable Reason**

- |   |   |
|---|---|
| <p>_____ <b>Physical Disability</b><br/><b>HPE8203</b></p>          | Attach verification from doctor or health care professional indicating that participation in a PE class will be detrimental to student’s health.  |
| <p>_____ <b>Religious Belief</b><br/><b>HPE8204</b></p>             | Religion stipulates against participation in physical education. Verification from student’s religious leader is required.  |
| <p>_____ <b>Directed Athletics</b><br/><b>HPE8205</b></p>           | Participation in Seattle School District extra-curricular athletic programs requires coach’s verification. Participation in community based organized athletics requires weekly log documenting a minimum of 80 hours (during the semester you are requesting the waiver – summers do not count) of regular workouts, practices, and competitions. Parent/Guardian and coach’s verification are required.   |
| <p>_____ <b>Military Service and Tactics</b><br/><b>HPE8206</b></p> |   |
| <p>_____ <b>Other Good Cause</b><br/><b>HPE8208</b></p>             | <b><u>Attach detailed reason and verification.</u></b> Reasons include: Starting the student’s 6 <sup>th</sup> semester, the student is participating in a full academic course load, has no PE credits, and has never been a TA or had a reduced schedule; or the student is participating in another District or community activity that has an educational component and takes substantial time, and has no room for PE during the school day. activity that has a physical education component; the student was not able to enroll in PE or meet outside course load requirements at no fault of the student. |
| <p>_____ <b>Waiver for RS PE</b><br/><b>HPE8208</b></p>             | Indicate on back which quarter student took class and course number.  |

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

Student ID#: \_\_\_\_\_ Class of: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only	TERM: _____
Counselor Signature: _____	Date: _____
Entered by: _____	Date: _____

**RETURN THIS FORM TO COUNSELING OFFICE**

**For Academic waivers, please provide schedule for semester in which waiver is requested.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

Running Start Classes for \_\_\_\_\_ Quarter

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Running Start Classes for \_\_\_\_\_ Quarter

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_