



**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 1st

Second Semester Deadline – October 1st

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

- _____ **Physical Disability**
HPE8203 Attach verification from doctor or health care professional indicating that participation in a PE class will be detrimental to student’s health.
- _____ **Religious Belief**
HPE8204 Religion stipulates against participation in physical education. Verification from student’s religious leader is required.
- _____ **Directed Athletics**
HPE8205 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.
- _____ **Military Service and Tactics**
HPE8206
- _____ **Other Good Cause**
HPE8208 **Attach detailed reason and verification.** Reasons include: As of the student’s 6th semester, student is participating in a full academic course load, with no room for PE, and has never been a TA or had a reduced schedule (Include a copy of current class schedule); or the student is participating in another district or community activity that has a physical education component and has no room for PE during the school day; the student was not able to enroll in PE or meet outside course load requirements at no fault of the student.
- _____ **Waiver for RS PE**
HPE8208 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. _____