



# Garfield 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 Ms. Lee, Assistant Principal. Waivers received after the deadline for the applicable semester **will be denied**.

First Semester deadline - March 1<sup>st</sup>

Second Semester Deadline - October 1st

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

The following five categories qualify as allowable reasons for the principal to consider waiving of PE:

1. **Physical Disability** - Attach verification from doctor or health care professional indicating that participation in a PE class will be detrimental to student's health.
2. **Religious Belief** - Religion stipulates against participation in physical education. Verification from student's religious leader is required.
3. **Directed Athletics** - 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 that you are requesting the waiver - summers do not count) of regular workouts, practices, and competitions. Parent/guardian and coach's verification are required.
4. **Military Service and Tactics**
5. **Academic Requirement** - A student taking a full academic course load each semester (no teacher or office assistant) may qualify for a waiver. Include a copy of the current class schedule and transcript\*.  
 \*The transcript must include at least five semesters of coursework, starting 2<sup>nd</sup> semester junior year.  
 \*And the student is required to take a full academic load each semester (all eight!) of high school!

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
PLEASE PRINT (last) (first)

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

Waiver Category #: \_\_\_\_\_ for Semester ending \_\_\_\_\_  
(See categories 1 - 5 above) (month) (year)

Note of Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher/Coach Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_  
→ \_\_\_\_\_ → \_\_\_\_\_

**\*\*\* RETURN THIS FORM TO MS. LEE, ASSISTANT PRINCIPAL \*\*\***

**Attach a copy of your current class schedule and transcript**

Approved OR Denied by: \_\_\_\_\_  
CIRCLE ONE Administrator Date

Entered by: \_\_\_\_\_ Course # \_\_\_\_\_ Term: \_\_\_\_\_  
Date

