

PHYSICAL EDUCATION (PE) WAIVER REQUEST FORM

Middle School Only

Student's Name: _____ Grade: 6th 7th 8th
First and Last Name – Print Clearly

Per the Washington State RCW 28A.230.040 and WAC 392-410-135, students in grades 6, 7, or 8 are required to participate in a minimum of one hundred instructional minutes per week per year of directed athletic activity (PE) unless such participation is waived. PE Waivers may be requested for the following reasons – please check one:

1. Physical Limitation – Doctor's Name _____
Verification from student's doctor or health care professional must be *attached* and a time frame for the exemption must be included.

2. Directed Athletics – Document the activity or team below
Verification letter from a coach must be *attached* and the information below must be completed.

Check one: Outside Team/Club Sport Independent Activity

Describe and document Directed Athletics hours and dates:

Sport/Activity: _____ # hours each week: _____

Coach/Instructor Name (printed): _____

Coach/Instructor Signature: _____

Date Range for Directed Athletic Activity: _____ to _____
Mo/Yr Mo/Yr

 Parent/Guardian Signature

 Date

Requests are for one semester only and must be submitted to the Registrar's Office prior to the start of each semester being requested. **Requests will be considered ONLY when submitted with the required documentation.**

Students will be required to attend Study Hall in place of PE class.