

ANACORTES SCHOOL DISTRICT #103

Procedure No. 2410-F
Instruction

Anacortes School District Physical Education Waiver Request Form

Physical education, pursuant to RCW 28A.230.050, may be waived upon written request of a parent or guardian on account of physical disability, employment or religious belief or because of participation in directed athletics or military science and tactics. This shall not alter the credit requirements established by the board.

The principal may waive 1.5 physical education credits upon documentation of 270 (90 hours for each .5 credit) hours of community-based physical activity (e.g., club team or organized class) or school-based physical activity (sport or activity team). Students pursuing a waiver of Physical Education credit(s) are not allowed to have late start, early dismissal, or T.A. positions.

Students and parents must complete Anacortes School District Physical Waiver Request Form. The form must be completed and turned into the student's counselor by May 1st for students who would like to waiver their physical education requirement in the first semester, or by January 1st for students who would like to waiver their physical education requirement in the second semester.

Student Name: _____ Graduating Class of: _____

Number of credits requested waived: _____

- Physical Disability (please attach medical documentation from health care provider – required each year that the waiver is in effect)
- Religious belief (please attach letter from religious leader)
- Military Program participation (please attach letter from military program supervisor)
- Participation in school athletics or community based activity (please complete below)

SCHOOL BASED ATHLETICS

Sport	Beginning Date	Ending Date	Total Hours	Athletic Director's signature

COMMUNITY BASED SPORT/ACTIVITY

Sport	Beginning Date	Ending Date	Total Hours	Coach or Director's signature

I attest that all of the above requirements have been met

Signature of Student Date: _____

Signature of Parent/Guardian Date: _____

Signature of Counselor Date: _____

Signature of Administrator Date: _____

APPROVED: Yes No Notes: _____