

PHYSICAL EDUCATION EXEMPTION FORM

(Board Policy 6142.7A)

STUDENT NAME: _____ GRADE: _____

I have participated in the following school-sponsored interscholastic athletic program and would like to be exempted from one semester of physical education

School Year: _____ Sport: _____

Season: Fall Winter Spring

I have passed the 9th grade state required physical fitness exam: Yes No

I coached the above named student. He/She attended practice and participated in training exercises as required. I recommend that he/she be granted a physical education exemption.

Coach's Name (please print)

Coach's Signature

Date

I recommend that the above named student be granted a physical education exemption for their participation in the above sport.

Athletic Director's Name (please print)

Athletic Director's Signature

Date

I recommend that the above named student be granted a physical education exemption for their participation in the above sport.

Principal's Name (please print)

Principal's Signature

Date

Records of exemptions will be included in the individual student's cum file and in the principal's office for inspection as needed.