



PHYSICAL EDUCATION WAIVER APPLICATION

(Student must complete two PE Waivers prior to the beginning of senior year)

All forms for a school year are due before spring break of that school year

Student: _____ **Grade:** _____

PE Waiver (circle one): First | Second

Activity: _____ **Coach/Advisor:** _____

I understand that the following requirements must be fulfilled in order to receive the Physical Education Waiver for St. Vincent-St. Mary High School and the State of Ohio graduation requirement of one-half credit of physical education.

Students must initial each statement:

_____ I must complete two (2) full seasons prior to senior year of an approved interscholastic athletic sport, cheerleading, or marching band.

_____ I understand that a full season is defined as one sport season (fall, winter or spring) that begins with the established OHSAA season start date or one academic season of marching band.

_____ I understand that if I drop the marching band, am cut from the team, am ruled injured, quit the team, am ruled ineligible during the season, or have a violation of our athletic code during the season, the waiver applied for that year will no longer be valid.

_____ I understand that by receiving this waiver, I will need to complete one additional quarter-credit health/physical education elective course and it will be noted on my transcript that I have completed the Physical Education requirement via waiver.

_____ I understand that a partial waiver for PE I or PE II (based on one season of team participation) is not permissible.

_____ I understand participation in interscholastic athletics, marching band, and cheerleading is a privilege and not a right. This policy shall not in any way be construed as granting me the right to participate in such school-sponsored activities. School rules and policies including the Student Code of Conduct continue to apply.

Signature of Student

Date

Signature of Parent

Date

The portion below should be completed by the Athletic Director or Marching Band Director.

Verification that the above-named student has successfully completed each season of activity.

Activity: _____

Date of Completion: _____

Athletic Director/ Marching Band Director Signature

Date _____

For Admin Use: Entered in AdminPlus _____

Date _____