

**ADMINISTRATIVE REGULATION**

**Application to Waive 1/4-Credit of the Physical Education Graduation Requirement**

Students may have 1/4-credit of the physical education requirement waived for each full season of participation in approved interscholastic or intramural athletic competition. The total credit waived shall not exceed one-full credit. Elective credit must be earned to replace the physical education requirement that is waived. A waiver of credit under this section does not affect the overall minimum requirements of 22.5\* credits.

**Directions for the Student:** Please provide the information requested in Part I of this form (including all signatures) and return the form to your counselor. Information will be verified and you will receive an approved copy of the waiver. If you have any questions, please see your counselor.

**Part I**

Student Name and Student ID #	Current Grade	School
<b>List of Approved Interscholastic or Intramural Athletic Activities (check one)</b>		
<input type="checkbox"/> Ballroom Dance	<input type="checkbox"/> Flag Football	<input type="checkbox"/> Soccer
<input type="checkbox"/> Baseball	<input type="checkbox"/> Football	<input type="checkbox"/> Softball
<input type="checkbox"/> Basketball	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Swimming
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Hockey	<input type="checkbox"/> Tennis
<input type="checkbox"/> Cross-country Running	<input type="checkbox"/> JROTC**	<input type="checkbox"/> Track and Field
<input type="checkbox"/> Cross-country Skiing	<input type="checkbox"/> Native Youth Olympics	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Fencing	<input type="checkbox"/> Rifle Team	<input type="checkbox"/> Wrestling
**Activities such as Drill Team after school		
Year of Participation:		

**Signatures:**

Student	Date	Parent
	Date	Sponsor/ Coach
	Date	

**Part II: Verification of Participation**

Approval indicated by the following signatures:

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Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Principal/ Designee \_\_\_\_\_ Date \_\_\_\_\_

