

Monroe High School
REQUEST FOR A PHYSICAL EDUCATION WAIVER*



Student Name: _____ Grade: _____ Birthdate: _____

Parent/Guardian Name: _____ Signature: _____

Check the appropriate statement that applies to your student:

- Waiver requested for physical disability (must attach a doctor's written statement).
- Other good cause* (ex: a highly-demanding academic schedule.) Attach transcript and any other supporting documentation you may have.
- Athletics participation (0.5 PE requirement waived per season – 3 season maximum)
Sport(s) & year(s) (ex: football) _____

****Head coach signature:** _____ Date: _____

**Head coach signs for current season. Must be within 2 weeks of season ending

By signing, the head coach verifies that student fully participated for the entire season

****Athletic secretary signature:** _____

**Athletic secretary signs for prior seasons or 2+ weeks after season ends

- Waiver requested for:
- Request 1 Semester
 - Request 2 Semesters
 - Request 3 Semesters
 - Request for 4 Semesters (***For medical reason ONLY***)

- Counselor will review:
- Transcript
 - No TA, Peer Tutor, Late Arrival or Early Dismissal (exception is for athletic participation)**
 - Class schedule for the current year
 - Other supporting documentation (see above)

Counselor Signature: _____ Date: _____

Principal Signature: _____ Date: _____

- Select appropriate box:
- Approved for 1 semester
 - Approved for 2 semesters
 - Approved for 3 semesters
 - Approved for 4 semesters
 - Not Approved

Once waivers have been approved, they will be entered into your record, at which time **you will be able to view it on your Family Access account.** Thank you for your patience!