

Shelton School District
High School Physical Education WAIVER – NO CREDIT
Student REQUEST Form

This form is to be completed by the student for the amount of credit to be waived (up to 1.5 credits).

Application Date: _____

Grade: _____

Student Name: _____

School: _____

Graduation Year: _____

How many credits of physical education are you requesting to have waived?

☐ .5 credit

☐ 1.0 credit

☐ 1.5 credits

Check the appropriate reason for the waiver request.

☐ Physical Disability/Medical

(Attach verification from doctor or health care provider that participation in physical education will be detrimental to the student's health)

☐ Religious Belief

(Attach a note from parent/guardian if religion does not allow for participation in physical education)

I understand that if the physical education waiver is approved I will have fulfilled up to the 1.5 credit PE graduation requirement, but no credit will be awarded. I must still earn the full number of credits required for graduation by the Shelton School District.

 Student Signature

 Parent Signature

Waiver Request is: ☐ Approved (Number of credits: _____)

☐ Not Approved

 Administrator Signature

 Counselor Signature

Waiver has been documented on student transcript:

☐ yes

☐ no

 Registrar Signature

 Date