

**P.E. WAIVER FORM**  
*Fill out form completely and return to your Counselor*

\_\_\_\_\_  
Name of student (Please print clearly)

\_\_\_\_\_  
Date

**requests a waiver from the P.E. requirement for the following reason(s):**

physical disability (*a letter from your physician is required*)

employment (*a letter from your employer is required*)

religious belief

participating in directed athletics or military science and tactics

*Name of activity:* \_\_\_\_\_

*Name of contact:* \_\_\_\_\_

*Phone number:* \_\_\_\_\_

other (please see RCW below)

*Please explain (use the back of the form if more space is needed):* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RCW 28A.230.050: Physical education in high schools.**

*All high schools of the state shall emphasize the work of physical education, and carry into effect all physical education requirements established by rule of the superintendent of public instruction: PROVIDED, That individual students may be excused from participating in physical education otherwise required under this section on account of physical disability, employment, or religious belief, or because of participation in directed athletics or military science and tactics or for other good cause.*

- **Students must replace the waived P.E. credit with equivalent credit in other elective courses.**
- **Waiving P.E. credits does *not* reduce the number of credits required for graduation.**
- **Students who waive the P.E. requirement are still eligible to take and receive elective credit for P.E. if they choose to do so at a later date.**

\_\_\_\_\_  
*Student signature* *Date*

\_\_\_\_\_  
*Parent signature* *Date*

\_\_\_\_\_  
Office Use Only \_\_\_\_\_

*P.E. Waiver Approved*

*P.E. Credit waived*    1.50    1.00    .50

*Waiver denied for the following reason:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*School Official's signature* *Date*