

2025-2026 Physical Education Exemption Request

Return completed form to the School Counseling Office

STUDENT NAME: STUDENT ID#:	GRADE for 2025-2026:		
I am requesting an exemp	otion from Physical Educ	ation based on the follow	ving participation:
☐ I am enrolled in a work-lduring the school day.	pased learning program tha	at requires student absence	from school premises
one			
☐ I am enrolled in one of the	ne approved activities below	w. Please circle the activit	y.
Fall	Winter	Spring	Summer**
Athletics/Activities	Athletics/Activities	Athletics/Activities	Athletics/Activities
Cross Country	Basketball	Golf (Women)	Baseball
Football	Bowling	Soccer	Softball
Golf (Men)	Swim (Men)	Tennis (Men)	2010001
Swim & Dive (Women)	Wrestling	Track & Field	
Volleyball			
Tennis (Women)			
Fall Cheer	Winter Cheer		
Fall Dance	Winter Dance		
Marching Band		chool year to qualify a student	
 approved. I understand the prequirements if I deteam), withdraw for team), withdraw for team. NOTE: Wellness NOTE: All student required by the States. 	hysical education required in the hysical education required to not participate through from the work-based learn cannot be added to the sonts must demonstrate con	ement must be made up to the entire athletic seasoning program or drop Matudent's schedule past the impetency in cardio-pulm ho are granted a physical in requirement.	to fulfill graduation on (quit or cut from arching Band. The add class deadline. The onary resuscitation as
STUDENT SIGNATURE:		DATE:	
PARENT/GUARDIAN SIGNATURE:		DATE:	
If approve	d, the exemption will be	noted on the student's so	chedule.
	For Office U	Use Only	
Exemption approve	Exemption approved / Date Schedule adjusted by / Date		djusted by / Date