

**Springville Community School District
Physical Education Exemption Request**

Return completed form to High School Counselor

STUDENT NAME _____

GRADE _____

Grade 12: I am requesting an exemption for the following semester: Fall Spring

I am enrolled in a cooperative, work-study, or other educational program authorized by the school which requires the student's absence from the school premises during the school day

I am enrolled in academic courses not otherwise available

I am enrolled in an organized and supervised athletic program sponsored by the school which requires at least as much time of participation as 900 minutes of physical education

Sport participating in: _____

Grades 9-11: I am requesting an exemption for the following semester: Fall Spring

I am enrolled in academic courses not otherwise available

I am enrolled in an organized and supervised athletic program sponsored by the school which requires at least as much time of participation as 900 minutes of physical education

Sport participating in: _____

***A PE waiver requires a full academic class load**

The decision to request an exemption is the responsibility of the student and caregiver. Read the following carefully before signing:

I understand no credit will be earned if an exemption from physical education is approved. If a physical education exemption is utilized and the student does not participate through the athletic season (quits or is cut from team) or drops classes that are the rationale for the exemption, I understand the physical education requirement must be made up to fulfill graduation requirements. Physical Education cannot be added to the student's schedule past the add class deadline.

Prior to graduation, all students must demonstrate competency in cardio-pulmonary resuscitation as required by the State of Iowa. Students who are granted an athletic exemption are NOT exempt from the CPR instruction requirement.

STUDENT SIGNATURE: _____

CAREGIVER SIGNATURE: _____

SCHOOL OFFICIAL: _____