



# PHYSICAL EDUCATION WAIVER

Today's date \_\_\_\_\_

Student name \_\_\_\_\_

Activity to substitute for Physical Education class \_\_\_\_\_

Location of activity \_\_\_\_\_

Number of hours in activity per week \_\_\_\_\_ in total \_\_\_\_\_  
(Total of 60 hours required for 1-year waiver; 30 hours for 1-semester waiver.)

Beginning date of activity \_\_\_\_\_

Ending date of activity \_\_\_\_\_

Supervisor (coach, instructor, etc.) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I verify that the above student has been under my supervision for the above activity, and that the information provided above is accurate.

\_\_\_\_\_  
Signature of supervisor

\_\_\_\_\_  
Date

**Office use only: Approved by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Number of hours completed** \_\_\_\_\_