

Federal Way Public Academy
Physical Education Waiver
Academic School Year _____

Student Name _____ Student # _____ Grade 6 / 7 / 8
(circle grade)

Please complete as many section(s) that apply to your student and return this form to the school office by May 29, 2009. See below for definition of Physical Education.

<u>Activity 1</u>	Number of hours for this activity _____
Activity Description _____	
Name of association, league, group, company, etc. _____	
How did you account for the hours?	
<input type="checkbox"/> Log (over), or; <input type="checkbox"/> Schedule of games, practices, etc., or; <input type="checkbox"/> Other (how?) _____	

<u>Activity 2</u>	Number of hours for this activity _____
Activity Description _____	
Name of association, league, group, company, etc. _____	
How did you account for the hours?	
<input type="checkbox"/> Log (over), or; <input type="checkbox"/> Schedule of games, practices, etc., or; <input type="checkbox"/> Other (how?) _____	

<u>Activity 3</u>	Number of hours for this activity _____
Activity Description _____	
Name of association, league, group, company, etc. _____	
How did you account for the hours?	
<input type="checkbox"/> Log (over), or; <input type="checkbox"/> Schedule of games, practices, etc., or; <input type="checkbox"/> Other (how?) _____	

As the parent / guardian of the above-named student,

Waiver

I confirm that the above activities have taken place, and I understand 90 hours of physical activity are required before May 29, 2009, to receive a waiver for one year of Physical Education credit from Federal Way Public Academy.

Exemption

I am applying for a medical exemption waiver for Physical Education credit from Federal Way Public Academy. Signed documentation from my child's physician is attached as required.

Parent / Guardian Signature _____ Date _____

*****IMPORTANT: This form CAN NOT be used for 9th Grade nor 10th Grade PE Requirements.*****

School Use Only	
<input type="checkbox"/> Waiver Approved	<input type="checkbox"/> Waiver Not Approved
FWPA Administrator Signature _____ Date _____	
<input type="checkbox"/> Parent notified	Date _____

