

Cedar Rapids Community School District

Physical Education **Athletic** Exemption Request

Return completed form to High School Counselor

STUDENT NAME _____

STUDENT ID# _____ GRADE for 2014-2015 _____

All students shall be required to participate in physical education. A student may however, be excused from this requirement if he/she is participating in an interscholastic athletic program. This option shall be limited to one trimester per school year, except for seniors. The athletic program must be supervised by appropriately endorsed staff and requires as much participation per week as one-eight unit of physical education.

Select trimester

Fall	Winter	Spring
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Name of sport

The decision to request an exemption is the responsibility of the student and parent/guardian. 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, etc.), 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.

I request an exemption from the physical education requirement for 2014-2015.

STUDENT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

If approved, the exemption will be noted on the student's schedule.

For Office Use Only

Exemption approved/Date

Schedule adjusted by/Date

