

Cedar Rapids Community School District

Physical Education **Academic** 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 enrolled in and completes academic courses not otherwise available. This option shall be limited to one trimester per school year.

Select trimester

Fall	Winter	Spring
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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 subsequently reduces his/her academic schedule, 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

