



Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**Brookside High School  
Physical Education Waiver Form**

**PHYSICAL EDUCATION WAIVER:**

Activity: \_\_\_\_\_

Season:    FALL        WINTER    SPRING        YEAR:        \_\_\_\_\_

**Reminders:**

\* Students must complete 2 full seasons of marching band, cheerleading, or high school athletics in order to be eligible for a PE waiver.

\* Student must get signatures listed below and submit this form to the Student Services office immediately following each season.

\*Understand that the PE credit is not earned, it is waived. Students must earn 0.5 credits by taking an additional course.

\*Sheffield-Sheffield Lake City School District reserves the right to modify or revoke this waiver program at any time.

**REQUIRED SIGNATURES (MUST BE OBTAINED IN THE ORDER LISTED):**

1. Student: \_\_\_\_\_

2. Parent: \_\_\_\_\_

3. Head Coach \_\_\_\_\_

**OR**

Athletic Director: \_\_\_\_\_

**OR**

Band Director: \_\_\_\_\_

4. Counselor: \_\_\_\_\_

**\*\*NOTE:** This form **must be submitted no later than one (1) month** following the conclusion of the sport season listed above. Forms submitted after this deadline will **not** be considered.

**Student Services Use Only**

Submitted to Student Services: \_\_\_\_\_

Credit Detail updated by Counselor On: \_\_\_\_\_