FDR PHYSICAL EDUCATION EXEMPTION APPLICATION

NAME_______________________________ GRADE_______

EMAIL ADDRESS______________________________

The student will be exempt from participation in physical education for one (1) full quarter from the time approval is granted during the sport season in which the student participates. PLEASE CIRCLE THE SPORT SEASON REQUESTING A PHYSICAL EDUCATION EXEMPTION:

FALL SPORTS (1\textsuperscript{st} Quarter)
WINTER SPORTS (2\textsuperscript{nd} Quarter and 3\textsuperscript{rd} Quarter Progress Report)
SPRING SPORTS (4\textsuperscript{th} Quarter)

VARSITY TEAM CURRENTLY A MEMBER OF:________________________________________

PERIOD CURRENTLY ASSIGNED PHYSICAL EDUCATION_______

PHYSICAL EDUCATION TEACHER ASSIGNED TO:____________________________

I have received and read the information provided in the Physical Education Exemption document. I understand that this privilege is extended to me/ based on my participation on a varsity sport and being a student in good standing. I understand that failure to meet any expectations identified in the aforementioned document may result in the suspension of this privilege and my immediate return to my scheduled physical education class.

__________________________________ ________________________________
Student Signature Date

__________________________________ ________________________________
Parent Signature Date

__________________________________ ________________________________
Physical Education Teacher Signature Director of PE and Athletics Signature