

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 June 7. **TOTAL MUST BE AT LEAST 90 HOURS.** See next page for definition of what Physical Education is for purposes of this requirement.

<u>Activity 1</u>	Number of hours completed for this 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 completed for this 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 completed for this 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 June 7 during this school year, to receive a waiver for one year of Physical Education credit from Federal Way Public Academy. Do not attach certificates, logs, etc.
- 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 _____

