

PE WAIVER

**APPLICATION FOR PHYSICAL EDUCATION CLASS REPLACEMENT
BLOOM-CARROLL HIGH SCHOOL**

Name: _____ Graduation Year: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Grade: _____
Parent/Guardian Name: _____

It is my intent to participate in one or more of the following activities at BCHS:

Interscholastic Athletics * Marching Band * Color Guard * Cheerleading

I understand that I have to participate in, and complete, two full seasons of one (or a combination of) the above activities for it to serve as a replacement for taking Physical Education classes at the Freshmen and Sophomore level. I also understand that this will mean that I am required to complete 7.0 electives in order to graduate instead of 6.5. If I am cut, quit, become academically ineligible, or I am removed from a team and do not fully complete two activities, I will need to complete the Physical Education requirements for graduation.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE-FOR OFFICE USE ONLY

DATE INTENT ENTERED: _____ DATE INTENT FULFILLED: _____

Activity 1: _____ Date: _____ Initialed By: _____

Activity 2: _____ Date: _____ Initialed By: _____

MET _____