



Physical Education Credit Waiver Application

Students and parents/guardians who wish to satisfy FHS and State of Ohio Physical Education requirements through alternate means should read, understand and sign the following statements:

STUDENT NAME (Please print): _____

EXPECTED GRADUATION YEAR: _____

- I understand that I am able to satisfy the PE requirement by participating in **two of any combination** of the following activities: **any FHS OHSAA-approved sport; a complete year of Marching Band; a season as a FHS Cheerleader; a season of Color Guard.**
- I understand that I must take other alternative courses in order to gain the necessary 20 credits to meet graduation requirements from Finneytown High School.
- I understand that I must complete two full sport seasons (cheerleading included) and/or band or color guard to be granted the PE Waiver. Participation in these activities while in grades 9-12 is a requirement.
- I understand that if I quit or am dismissed from a sport or activity during a season, I will not be eligible for the waiver.
- I understand that a combination of a high school credit of one physical education course combined with one activity or sport does not satisfy the requirement for a waiver.
- I understand that I must have a 90% attendance rate in the participating activity to be granted the waiver which the coach/director will verify by signing below.

Once the student has met the successful completion of these requirements, while in grades 9-12, this form should be completed and returned to the counseling office to request exemption from the high school physical education graduation requirement.

First sport or activity I will use to satisfy the waiver requirement:

_____ Participating Activity

_____ School Year

As a director of the athletic or music program, my signature confirms this student was eligible and participated in 90% or more of the season.

_____ Athletic or Band Director Signature

_____ Date

Second sport or activity and school year I will use to satisfy the waiver requirement:

_____ Participating Activity

_____ School Year

As a director of the athletic or music program, my signature confirms this student was eligible and participated in 90% or more of the season.

_____ Athletic or Band Director Signature

_____ Date

_____ Student Signature

_____ Date

_____ Parent/Guardian Signature

_____ Date

For office use only

Date received in Counseling Office: _____

Counselor Signature: _____

Approved: Yes No Date added to transcript: _____ By: _____

This form should be filed in the student's cume file and a copy should go to the student's counselor for their records.