



Monticello High School PE Waiver Form



Student Name:		Date:
Current Grade: 9 10 11 12	School Year:	Semester: 1st 2nd

Waiver Type

Activity Waiver

- Baseball
- Basketball
- Bowling
- Cheerleading
- Cross Country
- Dance Team
- Football

- Golf
- Soccer
- Softball
- Track
- Volleyball
- Wrestling
- Other: _____

Academic Waiver - List the courses wanting to take

Course(s) _____

Medical Waiver

Work-Based Learning

Educational Program requiring student to leave high school campus

To qualify for an activity waiver, the activity must be:

- Sponsored by the school or district
- Approved by the building principal

Please turn this completed waiver form into the Monticello High School office. Waiver applications are reviewed by the counselor and approved by the building principal.

Signature of Student:	Date:
Signature of Parent:	Date:
Signature of Counselor	Date:
Signature of School Nurse (for Medical Waiver):	Date:
Signature of Building Principal:	Date:

PE Waiver (Policy 606.1): A student shall be excused from PE requirement by the principal if the parent or guardian of the student requests in writing that the student be excused from the PE requirement for one of these reasons:

1. Student is seeking to be excused in order to enroll in academic courses not otherwise available to the student
2. Student who is enrolled in a work-based learning program
3. Student who is in an educational program authorized by the school, which requires the student to leave school premises for specified periods of time during the school day
4. An activity that is sponsored by the school, in which the student is enrolled, and which requires at least as much physical activity per week as one-eighth unit of physical education

The request form to Waive PE will be available in the high school office

**Updated 7/31/24*