

YORK COMMUNITY HIGH SCHOOL
Academic PE Waiver Request Form

FOR INTERNAL USE ONLY

- ☐ APPROVED
☐ NOT APPROVED

Admin Signature: _____

Elmhurst Community School District 205 Policy 6:310

Credit for Alternative Course and Program & Course Substitutions

Substitutions for Physical Education and Other Required Courses

A student may submit a written request to the Building Principal to be excused from PE courses for the reasons stated below:

-Enrollment in academic classes which are required for admission to an institution of higher learning, provided that failure to take such classes will result in the pupil being denied admission to the institution (student must be in the 11th or 12th grade),

Or

-Enrollment in academic classes that are required for graduation from high school, provided that failure to take such classes will result in the student being unable to graduate (student must be in the 11th or 12th grade).

Legal Ref: 105 ILCS5/27-6

Student Name: _____ ID: _____ Grade: _____

Counselor: _____

Class(es) to be taken in place of PE (list one class if full year; list two classes if semester):

NOTE: If waiver is approved and you choose to drop this class, or you cannot take it due to schedule conflicts, you will be placed in a PE course.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Students must return completed form to their counselor by FRIDAY, DECEMBER 14, 2018.

RATIONALE FOR REQUEST:

Course Needed for Graduation

OR

Use the box below (or an attached document) to

1. Explain why you would be denied admission to your college if the course(s) below was not in your senior schedule.
- and**
2. Explain why this substitute course for PE could not be taken in place of another elective.

Feel free to attach documentation from the college if it supports your rationale.
Please note: Both of the above statements must be addressed for this waiver request to be considered.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

7. PE Elective/PE Elective
8. Lunch

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

7. _____
8. Lunch

Counselor Verification: _____ Date: _____