

School Board of Seminole County, Florida

Elementary and Middle School Physical Education Annual Waiver Form

I hereby waive grade level physical education and verify that my son/daughter is participating in that are equal to or in excess of the mandated requirement or one class period per day for one semester each yphysical education requirement will be enrolled in school.	rement (150 minutes per week for grades K-5 year for grades 6-8). Students who waive the
OR	
I hereby waive grade level physical education by requesting that they be enrolled in another cours school.	on requirements for my child this school year see from one of the courses offered by the
I also understand that this waiver must be renewed requirements.	each year that I wish to waive these
Name of Student	Grade
Name of Parent or Guardian – print	School
Signature of Parent or Guardian	Date
* Please note: This waiver will remain in effect for	or one school year.
SCPS Form 1432 (08/10/10) FL Distribution: White Co	opy: School Yellow Copy: Parent