

**APPLICATION FOR PHYSICAL EDUCATION EXCEPTION  
FOR STUDENTS IN GRADES 1-8****FOR THE \_\_\_\_\_ - \_\_\_\_\_ SCHOOL YEAR**

Submit this form to the school your student will attend.

_____ School	_____ Grade
_____ Student name	_____ Student ID #

In accordance with [RCW 28A.230.040](#), students in grades 1-8 may be excused from participating in physical education for the reasons listed below. You may select only one.

- ☐ **Religious belief**, with a note indicating the religious doctrine that prevents the student's participation in physical education. Is the relevant documentation attached? ☐ YES ☐ NO
- ☐ **Physical disability**, with a note from the student's physician indicating the reason and length of time for the request. Is the relevant documentation attached? ☐ YES ☐ NO
- Does the documentation indicate length of time for the request?
- ☐ 1st semester    ☐ 2nd semester    ☐ Other (specify): \_\_\_\_\_
- ☐ **Participation in directed athletics**, including community-based, organized athletics.

Students must:

- Document seventy-five (75) hours of participation in community-based, organized athletics to qualify for one (1) semester of middle school physical education; **OR**
- Participate on two (2) middle school-based athletic teams\* to qualify for 75 hours of participation.

Is the relevant documentation attached? ☐ YES ☐ NO

**\*For middle school-based athletic team:** If approved, I understand that my student's participation in middle school-based athletics will be monitored weekly by the schools' athletic director and that my student will be expected to return to PE class once the school-based athletics ends. Students not participating as required in school-based athletics will be expected to leave their elective course and return to PE class.

_____ Parent/guardian name	_____ Parent/guardian signature
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**FOR ADMINISTRATIVE USE ONLY**

_____ Request received by	_____ Date received
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Date reviewed
_____ Principal name	_____ Principal signature

**Distribution:**  
☐ Athletic director  
☐ Counselor  
☐ Registrar  
☐ Student's CUM file

Adopted: August 2023