

## MIDLAND PHYSICAL EDUCATION WAIVER

High school students at Midland High School may be excused from Physical Education if your student has met one of the following exemptions:

- 1) Academic Courses Not Otherwise Available  
If your student wishes to take a full load of 8 academic courses your child may be exempt from Physical Education.
- 2) Organized and Supervised Athletic Programs  
If your student is participating in an organized and supervised athletic program during the semester, your student may be exempt from Physical Education.  
Fall Semester: Football, Volleyball, or Cross Country  
Spring Semester: Basketball, Wrestling, Golf, Track
- 3) Medical Exemption  
If the parent/guardian files a statement by a physician that your student is not “physically able” to participate in Physical Education, your student shall be exempt from Physical Education.
- 4) Religious Exemption  
If the parent/guardian of a student files a written statement with the school principal that physical education conflicts with the “student’s religious belief,” the student shall be exempt from participation.

Midland cannot grant your student permission to be exempt from physical education until this form is signed and dated and then returned to the principal’s office. For exemptions 1 and 2, if a student drops a course or discontinues the supervised athletic program, they will immediately be enrolled in physical education. For exemption 3, a copy of a doctor’s statement will also have to be attached to this waiver request.

*As the legal guardian of the high school student named below I understand that this is my request in writing that my child be excused from Physical Education for the following reason:*

**Parents put the code # of the applicable reason above in the appropriate year/semester in the box below then sign.**

Student Name \_\_\_\_\_

School Year (ex 2020-21)	Grade Level	Semester 1 (# 1, 2, 3, or 4)	Semester 2 (# 1, 2, 3, or 4)
	9		
	10		
	11		
	12		

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Principal Signature Date

\_\_\_\_\_  
Counselor’s Signature Date