

SENIOR SPORTS PHYSICAL EDUCATION EXEMPTION APPLICATIONS

NAME _____

SCHOOL YEAR: **2009-10**

GRADE _____ HOMEROOM _____

DATE: _____

SPONSOR (CURRENT COACH) _____

QUARTER REQUESTED 1 2 3 4

PURPOSE OF EXEMPTION _____

If permission is granted for my exemption from the regular Physical Education Program, I agree to assume all responsibilities connected with successfully completing the requirements of the extra-class activity.

Student's Signature _____

I give permission for my child to be excused from his/her regular Physical Education class for the time specified to participate in the extra-class activity listed above.

Parent or Guardian Signature _____

The above mentioned student is currently participating in the extra-class activity as indicated above, and meets the standard for participation as set for the in the North Colonie Coaching Handbook.

Verified Physical Education Average Grade for the Previous Three Years _____

Sponsor's Signature _____

RETURN THIS FORM TO THE P.E. DEPARTMENT DIRECTOR AFTER COMPETION

NAME _____ GRADE _____ HOMEROOM _____

Date _____ Quarter _____ Class Period _____

Extra-Class Activity (Sport) _____

Permission Granted _____ Permission Denied _____

(Signature, Director, Physical Education)

(Date)

SHAKER HIGH SCHOOL P.E. DEPARTMENT

TO: COACH

The student listed below has been excused from the regular Physical Education Program for the ____ quarter because of active participation in your sport. Please complete this evaluation form and return it to Edward E. Dopp, Director of P.E. & Athletics, at the conclusion of your season or one week prior to the quarter marking period.

STUDENT NAME _____ DATE _____

EXTRA-CLASS ACTIVITY (SPORT) _____

SPONSOR (COACH) _____

PURPOSE OF EXEMPTION _____

COACH'S SIGNATURE _____

RECOMMENDED GRADE: _____

COMMENTS:

REVISED: 1/09