SENIOR SPORTS PHYSICAL EDUCATION EXEMPTION APPLICATION

NAME __________________________

GRADE _______________ HOMEROOM_________ DATE_______________

SPONSOR (CURRENT SPORT 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 extra-class activity. I also understand that I must complete the North Colonie Fitness Assessment. **

** If the student does not complete the sport season for any reason, the student must return to physical education class**.

Student’s Signature __________________________________________________________

I give my 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/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 forth in the North Colonie Coaching Handbook.

PE Teacher Verified Physical Education Average Grade for the Previous Three Years *______________

*Note: This verification is made by student’s physical education teacher and initialed by that instructor.

Team Sport (Sponsor) Signature) ________________________________________________

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

NAME ___________________________ GRADE___________ HOMEROOM_________

DATE: ___________________________ QUARTER_________ CLASS PERIOD _________

EXTRA-CLASS ACTIVITY (SPORT) ______________________________________________

PERMISSION GRANTED ___________ PERMISSION DENIED _______________________

___________________________
SIGNATURE, DIRECTOR OF PHYSICAL EDUCATION
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 Director of Health, Physical Education & Athletics, at the conclusion of your season or one week prior to the quarter marking period.

STUDENT’S NAME _________________________________ DATE _______________________

EXTRA-CLASS ACTIVITY (SPORT) ______________________________________________________

SPONSOR COACH __________________________________________________________________

PURPOSE OF EXEMPTION ___________________________________________________________

COACH’S SIGNATURE _______________________________________________________________

RECOMMENDED GRADE _____________________________________________________________

COACH’S ADDITIONAL COMMENTS ___________________________________________________

_________________________________________________________________________________

REVISED: 6/17