

ST. CLAIRSVILLE HIGH SCHOOL

102 Woodrow Avenue
 Saint Clairsville, OH 43950
 Phone: 740-695-1584 // Fax: 740-695-2513

APPLICATION FOR PHYSICAL EDUCATION CREDIT WAIVER

Student Name: _____

Completion of this form indicates my official request to waive the Physical Education requirement. My intention is to meet the requirement for waiver through participation in interscholastic athletics, marching band, or cheerleading for at least two (2) full seasons, as indicated below. Additionally, I understand and agree that by utilizing this waiver for physical education, I must complete one-half unit (0.50 credit) in another curricular area.

Thank you for your consideration. **Please return form to Guidance Counselor.**

List activities you will pursue to meet the Physical Education waiver requirement.
 Upon completion, such activity must be verified by
 St. Clairsville High School Athletic Director and/or Band Director.

Waiver Activities Sport(s), marching band, or cheerleading			Verification by: Athletic Director and/or Band Director upon completion of each session	
Grade	Season	Waiver Activities	Post Completion: (Signature of Athletic Director and/or Band Director)	Date

 Student Signature

 Date