



PE Waiver

Fill out sections 1-3 of the form prior to the end of the season and retain in the student's file. Fill out section 4 when the season is complete, sign and return form to transcript_support@dpsk12.org.

Section 1 - Student Information

Student ID#: _____ Student Name: _____ Grade: _____

School #: _____ School Name: _____

Counselor/Athletic Director Name: _____

Section 2 – DPS & CHSAA Approved Sport Info

Sport: _____ Season: _____ School Year: _____

Course added in place of PE: _____

Section 3 – Pre-approval Signatures

Signatures	_____	_____
	Student	Date
	_____	_____
	Counselor/Athletic Director	Date

Section 4 – Approval and Final Grade

Approved? Yes No Completion Date: _____

By signing below you agree that you have verified the following:

- Student attended 85% of practices/games/matches
- Student demonstrated sportsmanship, teamwork and cooperation
- Student performed activities following safety protocols
- Student completed season is good standing

Signatures	_____	_____
	Student	Date
	_____	_____
	Counselor/Athletic Director	Date
	_____	_____
	Principal	Date