



PHYSICAL EDUCATION OPTION APPLICATION

The student must complete this application and return it to the CMHS Guidance office within 10 calendar days following the first official date for coaching and instruction. (OHSAA)

Student Name: _____

Year: _____

Student ID#: _____

Grade: _____

Place a check mark in the sport that you will be participating in for credit:

- | | | | |
|---------------------|---------------------|------------------|------------------|
| _____ Baseball | _____ Cross Country | _____ Basketball | _____ Tennis |
| _____ Golf | _____ Cheerleading | _____ Football | _____ Volleyball |
| _____ Wrestling | _____ Color Guard | _____ Track | _____ Softball |
| _____ Marching Band | | | |

P.E. Exemption for the _____ semester in _____ school year.

NAME of advisor or coach: _____

In making this request for exemption from physical education as a graduation requirement, I understand all expectations related to the “two full seasons” requirement.

Student Signature

Date

Parent/Guardian Signature

Date

I verify that the student above has successfully completed the season based on “daily participation paralleling the official sport season at a 90% attendance level and completed the season as a member of the team or group.”

Coach/Advisor Signature

Date

Contact phone#