



# 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:

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

**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#