

Dubuque Community School District

Physical Education Athletic Exemption Request

Return completed form to High School Registrar

STUDENT NAME _____

STUDENT ID# _____ GRADE for 2016-2017 _____

In order to receive a physical education exemption at Dubuque Community Schools, students must be involved in ***Two Sports***.

I request an exemption from the physical education requirement for 2016-2017.

I will be in the following ***Two Sports***

men's/women's cross country, volleyball,

football, women's swimming and diving,

men's/women's golf, fall cheerleading,

men's swimming, wrestling,

men'/women's basketball, men's/women's bowling,

men's/women's track, men's/women's soccer,

men's/women's tennis, winter cheerleading,

baseball, softball

_____ *name of sport*

_____ *name of sport*

The decision to request an exemption is the responsibility of the student and parent/guardian. Read the following carefully before signing.

I understand no credit will be earned if an exemption from physical education is approved. If a physical education exemption is utilized and the student does not participate through both athletic seasons (quits or is cut from team), I understand the physical education requirement must be made up to fulfill graduation requirements. Wellness cannot be added to the student's schedule past the add class deadline. Summer sports must be completed prior to the school year to qualify a student for an exemption.

COMMENT: Prior to graduation, all students must demonstrate competency in cardio-pulmonary resuscitation as required by the State of Iowa. Students who are granted an athletic exemption are NOT exempt from the CPR instruction requirement.

STUDENT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

If approved, the exemption will be noted on the student's schedule.

For Office Use Only

Exemption approved/Date

Schedule adjusted by/Date