**Germantown Municipal School District**

**Physical Education Activity Schedule and Instructor Agreement**

Student's Name: Last First Middle School

Name of Sponsoring Facility/Agency: I Name of Instructor: (Please print)

It is my understanding that the above-named student is applying for a physical education waiver and that the student must participate in an extracurricular activity, under professional supervision, a minimum of ten hours (Category I) or five hours (Category II) each week at one approved agency in order to be eligible for the waiver. At least four (4) of the required hours must be spread over three (3) days falling between Monday through Friday of each week. The above-named student is scheduled to participate in a physical education waiver program as designated below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Weekday | Beginning Time | Ending Time | Activity | Hours |
| MONDAY |  |  |  |  |
| TUESDAY |  |  |  |  |
| WEDNESDAY |  |  |  |  |
| THURSDAY |  |  |  |  |
| FRIDAY |  |  |  |  |
| SATURDAY |  |  |  |  |
| SUNDAY |  |  |  |  |

(It is imperative that this schedule be kept current at all times. In case of a change in the schedule, please notify the student's counselor.)

As a professional instructor, I am aware of the emphasis on program objectives and attendance established by public education, and the requirements of Germantown Municipal School District. I understand the problems inherent in a program such as Physical Education Waivers and the importance of maintaining program integrity.

Therefore, as the program instructor/sponsor, I agree to support and abide by the following standards:

1. I will adhere to the district's weekly time requirements as determined by the schedule designated above and notify appropriate personnel of any changes in the schedule.
2. I will expect the student to participate in the activity on a regularly scheduled basis.
3. I will keep an accurate record of the student's attendance and contact the campus counselor if the student's attendance becomes irregular.
4. I will forward absences for each eight-week grading period to the appropriate counselor in a timely manner.
5. A written outline of program objectives and activities is enclosed.
6. A copy of my professional instructor credentials is enclosed.

I understand that Germantown Municipal School District is accountable for the participation of each its students in the Physical Education Waiver program and that the student's failure to meet the requirements may result in the District revoking the student's PE waiver. I will make every effort to cooperate with the District in their accounting procedures.

|  |  |
| --- | --- |
| Signature of Instructor | Date |

**Physical Education Waiver Application (Grades 9-12)**

|  |  |
| --- | --- |
| Student Name: Last First Middle | School |
| SEX: Male Female | Grade Level: (during year of participation) | Counselor |
| Parent’s/Guardians Name: | Daytime Phone |
| Address: | City | Zip |
| Parent’s Guardians E-mail: |

The above-named student is applying for the following Physical Education Waiver as listed below: Color guard, flag, majorette, marching band, dance, cheer, drill team, varsity sports, etc. (individual and team)

|  |
| --- |
| School Year: 20\_20\_I Semester Fall Spring Summer I Type of WaiverCategory I Category II |
| Sponsored Activity: |
| Name of Instructor/Sponsor: (Please Print) I Daytime Phone ( ) |
| School: |
| Instructor/Sponsor E-Mail Address: |
| Attach extracurricular activity schedule and instructor/sponsor's agreement to this application. |

I have carefully read all guidelines for the Physical Education Waiver Program and I agree to comply with regulations. I understand that I will not receive any academic credit for my participation (merely exemption).

|  |  |
| --- | --- |
| Student Signature:  | Date: |
| Parent/Guardian Signature: | Date: |

**NOTE: In order for this application to be considered for any semester, it MUST BE RETURNED TO THE COUNSELOR NO LATER THAN THE DAY BEFORE THE SEMESTER FOR WHICH THE WAIVER IS REQUESTED!**

|  |  |  |
| --- | --- | --- |
| Counselor Signature: |  | Date: |
| Principal Signature: | Approve | Deny | Date: |