



## Physical Education Waiver Form

Physical Education is a requirement for graduation by the California State Education Code 51241. Students must take PE starting 9<sup>th</sup>-12<sup>th</sup> grade, and meet 20 credits (5.0 credits per semester, 4 semesters=20 credits=144 hours) for graduation. Requests to modify this requirement and/or have an alternate course will be on a case by case basis.

**Illness or Injury** - Students suffering from a short-term disability shall provide a written statement to that effect from his/her physician and may postpone PE to a later semester. Students who cannot participate in PE due to medical reasons for their entire high school career can submit this waiver, signed by the student's physician stating that PE needs to be waived for the number of semesters specified. This form must be signed by the parent/guardian, student's physician, and Director of Student Services who oversees PE.

This request is being made for:

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Forward to: New Vista School

Fax: 949-455-1271

### PARENT/GUARDIAN AUTHORIZATION:

If this form has unresolved concerns, I hereby authorize and give consent for the exchange of information pertaining my child, between designated school health and/or administration staff to the authorizing Physician, with specific questions related to the diagnosis and absenteeism.

\_\_\_\_ (Parent Initial here)

\_\_\_\_\_  
Parent/Guardian Signature and Printed Name

\_\_\_\_\_  
Date

### DIRECTOR OF STUDENT SERVICES:

\_\_\_\_\_  
Director of Student Services Signature and Printed Name

\_\_\_\_\_  
Date



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**PHYSICIAN VERIFICATION**

Dear Physician,

Your patient is a student enrolled at New Vista School. For your records, please list the chronic illness diagnosed that would not warrant the student to participate in physical education.

Chronic Illness/Medical Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Symptoms: \_\_\_\_\_

\_\_\_\_\_

Number of semesters waived: \_\_\_\_\_ equal to \_\_\_\_\_ Number of credits.

***REFERENCE: 5.0 credits=1 semester, 10 credits=2 semesters, 15 credits=3 semesters, 4 semesters=20 credits=144 hours required.***

\_\_\_\_\_  
Physician Signature and Printed Name

\_\_\_\_\_  
Date

Physician's Address \_\_\_\_\_

Please attach business card here:

For questions, please contact the Director of Student Services or School Nurse.

**New Vista School**  
**Main: 949-455-1270, Fax: 949-455-1271**