Beavercreek City Schools
Application for Physical Education Class Waiver

Instructions: After completion of the second season, the student is to fill out this form in its entirety and return to their school counselor. Failure to turn in this form prior to senior year will result in being scheduled into PE classes to meet graduation requirements.

Student Name _____ Graduation Year: _____

Season 1

Date of Participation/School Year: _____

Fall:
___ Football
___ Girls Soccer
___ Boys Soccer
___ Girls Golf
___ Girls Cross Country
___ Boys Cross Country
___ Girls Tennis
___ Boys Golf
___ Girls Volleyball
___ Cheerleading
___ Marching Band/Guard/Drill Team (Drill team cannot count prior to the 19-20 school year)

Winter:
___ Boys Basketball
___ Girls Basketball
___ Wrestling
___ Bowling
___ Boys Swim & Dive
___ Girls Swim & Dive
___ Ice Hockey
___ Gymnastics
___ Cheerleading

Spring:
___ Baseball
___ Softball
___ Boys Tennis
___ Boys Lacrosse
___ Girls Lacrosse
___ Boys Volleyball
___ Boys Track & Field
___ Girls Track & Field

All Year:
___ JROTC
___ Show Choir (cannot count prior to 19-20 school year)

Season 2

Date of Participation/School Year: _____

Fall:
___ Football
___ Girls Soccer
___ Boys Soccer
___ Girls Golf
___ Girls Cross Country
___ Boys Cross Country
___ Girls Tennis
___ Boys Golf
___ Girls Volleyball
___ Cheerleading
___ Marching Band/Guard/Drill Team (Drill team cannot count prior to the 19-20 school year)

Winter:
___ Boys Basketball
___ Girls Basketball
___ Wrestling
___ Bowling
___ Boys Swim & Dive
___ Girls Swim & Dive
___ Ice Hockey
___ Gymnastics
___ Cheerleading

Spring:
___ Baseball
___ Softball
___ Boys Tennis
___ Boys Lacrosse
___ Girls Lacrosse
___ Boys Volleyball
___ Boys Track & Field
___ Girls Track & Field

All Year:
___ JROTC
___ Show Choir (cannot count prior to 19-20 school year)

By signing this form, I verify that I have successfully completed two full seasons of the above activities.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

Date Entered in System _____ Counselor of Verification _____