



St. Vrain Valley School District Physical Education Waiver Application

Student Name: _____

School: _____

Student Signature

Parent Signature

INITIAL .5 CREDIT WAIVER REQUEST

SVVSD Athletic Program: _____

Dates Participated: _____

Signature of SVVSD Employee Supervising Activity: _____

Title of SVVSD Employee: _____ Phone Number: _____

Signature of School Athletic Director: _____

OR

Physical Activity Outside the District: _____

Fulfills SVVSD Standard(s) #: _____

Time Log Sheet Attached YES NO

Signature of Instructor Supervising Activity: _____

Instructor Contact Phone Number: _____

ADDITIONAL .5 WAIVER REQUEST

SVVSD Athletic Program: _____

Dates Participated: _____

Signature of SVVSD Employee Supervising Activity: _____

Title of SVVSD Employee: _____ Phone Number: _____

Signature of School Athletic Director: _____

OR

Physical Activity Outside the District: _____

Fulfills SVVSD Standard(s) #: _____

Time Log Sheet Attached YES NO

Signature of Instructor Supervising Activity: _____

Instructor Contact Phone Number: _____

WAIVER ACCEPTED DATE: _____

High School Principal Signature

Counselor Signature