

BLANCHESTER HIGH SCHOOL PE EXEMPTION VERIFICATION FORM

STUDENT NAME: _____

GRADE LEVEL: _____

NAME OF APPROVED ACTIVITY: _____

SEASON AND YEAR/YEARS OF PARTICIPATION: _____

*Please return to the Guidance Office

*Must successfully complete two FULL seasons

*This form exempts the student from having to fulfill the physical education requirement, but the student **will not earn any credit on their transcript** for participation

By signing this form, I verify that the student above successfully completed two full seasons of an approved interscholastic sport/cheerleading/band activity, and that by doing so they are exempt from the physical education requirement.

PARENT/GUARDIAN SIGNATURE: _____

STUDENT SIGNATURE: _____

ATHLETIC DIRECTOR/BAND DIRECTOR'S SIGNATURE: _____

DATE: _____