

## Physical Education Waiver Policy Madeira High School



Beginning in the 2014-2015 school year, Madeira High School students in grades 9-11 who successfully complete **two full seasons** of approved interscholastic athletics, cheerleading, marching band, color guard and/or winter guard may be excused from the state mandated physical education requirement.

One full season of the approved activities is defined as:

- One full season (fall, winter or spring) of participation on an interscholastic athletic team (baseball, basketball, cross country, football, golf, soccer, softball, swimming and diving, tennis, track and field, volleyball, wrestling or cheerleading)
- One full season of marching band, color guard or winter guard

Students MUST complete TWO full seasons of the above listed activities to qualify for the physical education waiver and fulfill the graduation requirement. The two full season requirement may be completed within one school year (multiple activities) or students may complete the two full season requirement over three years (same activity or multiple activities). The two full season requirement may be completed by 'mixing and matching' athletics, cheerleading, marching band, color guard and/or winter guard. For example, a student who participates in marching band for the academic year as well as running track in the spring of the same year has fulfilled the 'two full seasons' physical education waiver requirement.

Students who choose to drop band or color guard or are 'cut' or removed from an athletic team, cheerleading or winter guard or fail to complete a full season for any other reason (including academic eligibility) will become ineligible for the physical education waiver for that season. In the event of an injury, a student may be able to complete the season in good standing. Injuries will be reviewed on a case-by-case basis to determine if the student is still eligible for the season credit towards the physical education waiver.

The two full season requirement **MUST** be completed by the **END** of the student's 11<sup>th</sup> grade year to eliminate the possibility of not fulfilling the waiver requirement and failing to graduate. 12<sup>th</sup> grade students are **NOT** eligible for the physical education waiver and will be enrolled in physical education classes if they have not completed the graduation requirement by the end of 11<sup>th</sup> grade.

Ohio Revised Code, as set by the state of Ohio, does **NOT** permit school districts to allow partial completion of credit for the physical education waiver. For example, a student may not complete a .25 credit physical education class and apply for the waiver with one full season of approved activity. Students must complete two full seasons of the approved activities to qualify for the physical education waiver.

**Students who choose to receive the physical education waiver by completing the required two season are required to complete an additional .5 credit elective, consisting of at least 60 hours of instruction in another academic area. The additional elective may be required to meet the 21.5 minimum credit requirement for Madeira High School graduation.**

*Here is what to do...*

1. Notify your counselor of your intent to use the PE Waiver on your Course Registration Form.
2. Successfully complete your two seasons of an approved activity.
3. Submit the Physical Education Waiver Application Form to the Counseling Office.

***(If the Waiver Application is not submitted by the end of the 11<sup>th</sup> grade year, the student will be scheduled for courses that will complete the PE graduation requirement.)***

# Physical Education Waiver Application Form



Student Name \_\_\_\_\_

Class of \_\_\_\_\_

I have completed the following two seasons of an approved activity and wish to apply for the physical education waiver.

Activity Title	Season (Fall 2016, etc.)
1.	
2.	

I understand that by receiving this waiver, I will need to complete an additional .5 credit elective course towards the minimum 21.5 credits required for graduation.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*After completion, return to the Counseling Office\*\***

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**For Office Use Only**

Received by \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_ Activity 1 confirmation      \_\_\_\_\_ Activity 2 confirmation

\_\_\_\_\_ Recorded in DASL on \_\_\_\_\_ by \_\_\_\_\_

**\*\*Form to Counselor for filing\*\***