

Physical Education Exemption Request Form

Student Name (Last, First, Middle	Initial)	Date of Birth	Grade	ID Number
As required by the state of California an directors, all students must complete two Education Code permits the governing Especified criteria are met.	years (4 seme	esters) of physical ed	ucation to rece	ive a diploma.
Please select the eligible exemption y	ou are reques	ting (Education Co	de §51241):	
Temporary Exemption This may be granted to ill or injured stuanticipated duration. A physician's not physical education requirements if the Permanent Exemption This may be granted to students who a This exemption may also be granted if documentation, including transcripts a	e is necessary, but note does not exp are 16 years or old f a student is conc	t it may be considered ii plain how a modified ac der and have been enrol currently enrolled as a p	nsufficient to com tivity program is i led in grade 10 fo	pletely excuse a student from nappropriate or unsafe. or one academic year or longer.
Parent/Guardian's Signature (unless the student is 18 or older)	Date	Student's Signa	iture	Date
Counselor's Signature	Date	Teacher's Sign	ature	Date
School use only				
The requested exemption has been Approved Denied				
Executive Director Signature				