

Student's Name (print) _____ **ID #** _____

As a parent, I approve of this request and agree with the conditions stated. I also agree that my child is planning on participating on the sports team(s) listed during the 2025 - 2026 school year.

Parent/Guardian Signature _____ **Date** _____

After a parent/guardian and student sign this form the student must submit the form to the Athletic Office.

The student applying for the Athletic PE Exemption is a student listed on a D99 Athletic Team in 2024 - 2025.

Athletic Director Signature: _____ **Date** _____

After the Athletic Director signs this form the student will bring the form to the PE, Health and Driver Education Department Chair.

The student has presented this form which has been signed off by all parties listed above.

PE, Health and Driver Education Department Chair _____ **Date** _____

After the PE Department Chair signs the form, the student will bring the form to the Counseling Office.

This student is enrolled in at least 6 academic classes not including PE during the semester(s) they are applying for:

1st Semester:	Yes	No	2nd Semester:	Yes	No
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If applicable, the student has identified the type of grade to be earned (P/F or letter grade)? Yes No

Counselor Signature _____ **Date** _____

Completed forms are filed in the student’s cumulative folder in the Counseling Office. A copy of each completed form is delivered to the Athletic Office. If pass/fail grade was selected, a copy of this form must be submitted to the API’s secretary.

This form must be returned to the Counseling Office no later than May 23, 2025.