



**WEST DES MOINES**  
COMMUNITY SCHOOLS

**ACADEMIC/OFF-CAMPUS EDUCATIONAL OPPORTUNITY PE WAIVER FORM**

Student Name:		Student ID:	
Current GPA:	School Year:		Current Date:
<b>First Semester Requests</b>		<b>Second Semester Requests</b>	
Please list the courses you are requesting for the upcoming semesters.			

Briefly explain your request:

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By signing below you are verifying that you are engaging in 120 minutes of physical activity per week. If a student withdraws from either a course or the identified activity then the student must enroll in Physical Education. Waiver applications must be submitted to your assigned school counselor.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Signature of Supervising Coach/WBL Coordinator: \_\_\_\_\_

Signature of Building Principal: \_\_\_\_\_