



NON S.F. SPORT TEAM WAIVER
COURSE CODE 606
MS. BUENO

NAME DATE Counselor

1. CURRENT GRADE LEVEL Currently in a PE class
If yes what class

2. Will you still have six classes in your schedule if PE is dropped?

3. TYPE OF SPORT

4. LEVEL OF SKILL

5. NAME AND ADDRESS OF FACILITY

6. NUMBER OF YEARS INVOLVED

7. HOURS PER WEEK DEDICATED TO THE ACTIVITY

8. MONTHS PER YEAR

9a. Do you perform or compete? 9b. Attach your calendared schedule to this form.

10. Coach/Trainer Signature Date

Phone Number E-mail address

(I certify the following information is accurate. If the student named above quits your program please contact dbueno@stfrancishs.org)

11. Coach/Trainer attach letter to this application verifying the student's participation in the above named sport.

After reviewing your application in its entirety (1-11), Ms. Bueno along with Mr. Hrga will make the final decision. Until then you must continue to report to your scheduled pe class if enrolled, until notified by the registrar. Your application, if approved will be sent to your counselor for processing.

ACCEPTED DATE DENIED

Reason Dept. Chair

Assistant Principal for Academics