



NON-ST. FRANCIS SPORT TEAM WAIVER
COURSE CODE 606
MS. DANA BUENO

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Class counselor: \_\_\_\_\_ Troubie email: \_\_\_\_\_

Current grade level: \_\_\_\_\_

Are you currently enrolled in a PE class? [ ] Yes [ ] No If yes, what PE class? \_\_\_\_\_

Will you have at least six classes in your schedule if PE is dropped? [ ] Yes [ ] No

Type of sport: \_\_\_\_\_

Level of skill: \_\_\_\_\_

Name and address of facility where you compete: \_\_\_\_\_
\_\_\_\_\_

Number of years you have participated in this sport: \_\_\_\_\_

Number of hours per week you participate in this sport: \_\_\_\_\_

Number of months per year you participate in this sport: \_\_\_\_\_

Do you perform or compete in this sport? [ ] Yes [ ] No

PLEASE ATTACH YOUR PARTICIPATION CALENDAR/SCHEDULE TO THIS FORM

\_\_\_\_\_  
Coach/Trainer Signature Date

Coach/Trainer's phone number: \_\_\_\_\_

Coach/Trainer's email address: \_\_\_\_\_

To the Coach/Trainer: Please attach a brief letter to this application verifying this student's participation in the above-named sport; include total time spent conditioning, performing and cross-training.

After reviewing this application in its entirety (including the participation calendar/schedule and coach/trainer letter) Ms. Bueno and Assistant Principal Mary Castellano will make a decision about granting a PE waiver. Until then, you will need to report to your scheduled PE class, if enrolled, until notified by the Registrar. If approved, your PE waiver will be sent to your class counselor for processing.

[ ] Accepted [ ] Denied (Reason for denial: \_\_\_\_\_)
\_\_\_\_\_  
Department Chair Assistant Principal Date