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