



Request for Waiver of High School Health and PE Course for Transfer Students

Student Information

Student _____ Student ID Number _____
 Last First MI
 High School _____ Current Grade _____ Counselor _____

Transfer Information

Transferring From _____ Previous School District _____
 Transferred into a VA Public School _____

Waiver Information

Please check which course a student is requesting a wavier for and the amount of credit to be waived.

- Health and PE 9 Full Credit .5 Credit
 Health and PE10 Full Credit .5 Credit

Total Health and PE Credits Student has Earned To-Date _____
 Total Health and PE Credits Required by Student's Previous School System _____

Please attach documentation that outlines previous school system's Health and PE Requirements

Parent or Guardian Signature _____ Date _____
 Student Signature _____ Date _____
 School Counselor Signature _____ Date _____

Approval

- Approve Not Approved

Principal or Director of Student Services _____ Date _____
 Comments:

Transcript Update

Date Updated in SASI _____
 Student Information Assistant Signature _____ Date _____