

Casey Dodd  
Principal



# MT. VERNON HIGH SCHOOL

Stan Wilkison  
Assistant Principal

Anita Glaze  
Assistant Principal

Jamie Beaver  
Director of Guidance

Engage, Educate, & Empower Today's Students

## Physical Education I or Physical Education II Credit Waiver

The Indiana State Board of Education has provided flexibility to adapt the high school physical education requirements for students who demonstrate proficiency through other means.

### PROGRAM AND REQUIREMENTS:

- One (1) PE credit will be given for a complete season of:
  - Any MVHS sponsored IHSAA sanctioned sport
  - Competition Cheerleading
  - Marching Band
  - Dance Team

All of these activities are within the framework of lifetime physical activities and fitness.

- Students can earn one (1) credit in PE I or one (1) credit in PE II for any of the above activities.
- Retroactive credits will not be awarded. It is the responsibility of the student to get the form completed and turned in after completing the activity.
- A complete season is defined as: **first practice to final event**. The student must remain on the active roster the entire season or the duration of the activity.
- Disciplinary suspensions from the team or activity may result in forfeiture of credit as determined by the coach, director, or sponsor.
- A minimum of seventy-five (75) hours of moderate to intense physical activity in your sport or activity is required.
- At the conclusion of the season or activity, the coach, director, or sponsor will validate completion on the waiver form.
- The form must be completed and turned into the guidance office within 2 weeks of the end of the activity or deadline established by the high school administration.
- A grade of A will be granted to all students who meet the requirements for the alternative credit unless an adjustment is made by the physical education teacher in consultation with the coach, director, or sponsor.

### THINGS YOU MUST DO:

- ✓ The PE Waiver Form must be completed by the student and the coach, director, or sponsor at the completion of the activity.
- ✓ The student must turn the PE Waiver Form into the counseling center within 2 weeks of the completion of the activity.

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Phone: 317-485-3131

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Web: [www.mvhs.mvcsc.k12.in.us](http://www.mvhs.mvcsc.k12.in.us)

## PE Waiver Completion Form

*This form must be signed by the coach/director/sponsor and by the student at the end of the season. It must be returned to the counseling center no later than 2 weeks after the season has ended.*

Name \_\_\_\_\_ Grade \_\_\_\_\_  
 ID# \_\_\_\_\_

This student has earned one (1) PE credit in (check one) PE I \_\_\_\_\_ PE II \_\_\_\_\_ by participating in one of the following approved extra-curricular activities:

### Fall Semester

### Winter/Spring Semester

<input type="checkbox"/> Cross Country <input type="checkbox"/> Cheerleading (Competition Team) <input type="checkbox"/> Football <input type="checkbox"/> Golf (Girls) <input type="checkbox"/> Marching Band <input type="checkbox"/> Soccer <input type="checkbox"/> Tennis (Boys) <input type="checkbox"/> Volleyball	<input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Dance Team <input type="checkbox"/> Golf (Boys) <input type="checkbox"/> Softball <input type="checkbox"/> Swimming & Diving <input type="checkbox"/> Tennis (Girls) <input type="checkbox"/> Track & Field <input type="checkbox"/> Wrestling
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This PE credit was earned during school year: \_\_\_\_\_ . The grade earned is: \_\_\_\_\_ .

This student met the requirements to earn his/her alternative PE credit by:

1. Completing and actively participating in moderate to intense physical activity in the entire season for the sport or activity checked above for a minimum of 75 hours , and
2. Having no disciplinary suspensions from the sport or activity checked above.

Coach/Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I grant the credit for Physical Education I or Physical Education II as indicated in the above description.

Physical Education Teacher \_\_\_\_\_ Date \_\_\_\_\_

#### For Counseling Center Only:

Date Completion Form Received: \_\_\_\_\_ By: \_\_\_\_\_

Credit Earned: Yes \_\_\_\_\_ No \_\_\_\_\_

Date Credit Placed on Transcript: \_\_\_\_\_ By: \_\_\_\_\_