TOWNSHIP HIGH SCHOOL
DISTRICT 214
Request for Physical Education Substitution

Name __________________________ ID __________________________ Counselor __________________________ Date _____________

A school board may excuse pupils from engaging in physical education courses who request to be excused for the following reasons: (1) for ongoing participation in an interscholastic athletic program (Grades 9-12), NJROTC or competitive marching band (Grades 9 - 12), (2) to enroll in academic classes which are required for admission to an institution of higher learning provided that failure to take such classes will result in the pupil being denied admission to the institution of his/her choice, or (3) to enroll in academic classes which are required for graduation from high school provided that failure to take such classes will result in the pupil being unable to graduate. School boards shall establish a policy to excuse pupils on an individual basis (Section 105 ILCS 5/27-6). (Reference Board Policy and Procedure 6:280, 6:310)

☐ SUBSTITUTION OF PHYSICAL EDUCATION TO TAKE A COURSE REQUIRED FOR ADMISSION TO AN INSTITUTION OF HIGHER LEARNING

A full-time student may be excused from daily participation in physical education in order to take a specific course required for admission to an institution of higher learning. The required course must replace any elective course in the student’s schedule before the course can replace daily participation in physical education.

Name of college, university, or post-secondary school: __________________________

Course to be taken in place of physical education: __________________________

Attach a copy of your four-year plan showing that you cannot take the required course and participate in daily physical education.

☐ SUBSTITUTION OF PHYSICAL EDUCATION TO TAKE A COURSE REQUIRED FOR GRADUATION FROM HIGH SCHOOL

A full-time student in their last semester before graduation may be excused from daily participation in physical education in order to take a specific course required for graduation. In order to qualify for this substitution, the student must have a class schedule that includes six non-elective graded credit bearing periods plus physical education. The required course becomes the seventh course in place of physical education. This substitution does not apply to meeting the physical education graduation requirement.

Course to be taken in place of physical education: __________________________

Attach a copy of your four-year plan showing that you cannot take the required course and participate in daily physical education.

APPROVING SIGNATURES:

☐ SUBSTITUTION OF PHYSICAL EDUCATION FOR PARTICIPATION IN NJROTC AND MARCHING BAND PROGRAM

Only students who have no study hall in their semester schedule are eligible to receive a PE substitution. Participation in the program and substitution encompasses both semesters of the school year.

☐ SUBSTITUTION OF PHYSICAL EDUCATION FOR PARTICIPATION IN ATHLETICS

Only students who have no study hall in their semester schedule are eligible to receive a PE substitution.

If athlete, indicate IHSA Sport/Activity: __________________________

If IHSA Sport/Activity spans two semesters, indicate semester for PE substitution: _______ First Semester _______ Second Semester

Students Initials Below:

I understand that non-participation on the athletic team, NJROTC, or Competitive Marching Band will result in the loss of substitution privileges and I will be required to return to PE class immediately. If I do not participate, I understand it is my responsibility to notify my counselor and return to PE.

______________________________ Date ______________________________

Student

______________________________ Date ______________________________

Parent/Guardian

If Substituted From Physical Education For Participation In Athletics, the Assistant Principal/Designee has confirmed that the student is on the roster.

_______ First Semester _______ Second Semester

______________________________ Date ______________________________

Assistant Principal/Designee

Copy to: Counselor, Parent, APSA, APSS, Coach, Registrar/Data Processing Operator