

**HOWELL HIGH SCHOOL
COUNSELING OFFICE**

1200 West Grand River Avenue, Howell, MI 48843
Phone 517-234-6379
Fax 517-234-6379 or 517-548-6210

**PHYSICAL EDUCATION
WAIVER FORM**

TODAY'S DATE: _____

Student Name: _____

FOR MEDICAL REASONS ONLY

A note must be attached from your doctor on their stationary indicating:

- reason why you are waiving physical education
- length of time this waiver is in effect

Parent Name: _____

Parent Signature: _____

Assistant Principal Name: _____

Assistant Principal Signature: _____

RETURN THIS FORM TO THE GUIDANCE OFFICE TO GET COUNSELOR SIGNATURE.

Counselor: (circle one)..

*Mr. Eric Clifton, Student Last Name: Aa – Cre
Ms. Cathy Deschenes, Student Last Name: Cri – Hayd
Mr. Jordan Bentley, Student Last Name: Haye – Loy
Ms. Theresa Marcum, Student Last Name: Luc – Pell
Ms. Nicole Leonard, Student Last Name: Penn – Sor
Ms. Amy Dehr, Student Last Name: Sov – Z*

Counselor Signature: _____

The above named student is waiving ½ credit of physical education due to medical reasons.
This does NOT waive 22 credits required for graduation.