

**LAUREL SCHOOL**  
PHYSICAL EDUCATION WAIVER PROGRAM (PEWP)  
STUDENT INFORMATION AND SCHOOL APPROVAL FORM

Student Name: _____	
Parent(s) or Guardian(s): _____	
Street Address: _____	
City: _____	Zip: _____
Telephone #: _____	

Student Advisor: _____	
Circle Semester: 1      2	School Year: _____

Athletic/Training Program: _____	
Agency: _____	
Agency Address: _____	
Telephone #: _____	Fax #: _____
Instructor Name: _____	Telephone: _____

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Advisor Date

\_\_\_\_\_  
Coach/Instructor Date

Hours per week \_\_\_\_\_ Weeks per year \_\_\_\_\_

\_\_\_\_\_  
Physical Education Chair Date

**OFFICE USE ONLY**

**Official Grade:** \_\_\_\_\_

\_\_\_\_\_  
**Physical Education Chair**

**P.E. WAIVER - ATTENDANCE SHEET**

	<b>DATE</b>	<b>TIME</b>	<b>INSTRUCTOR'S INITIALS</b>
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