



CLINTON-MASSIE LOCAL SCHOOLS

2556 LEBANON ROAD ▪ CLARKSVILLE, OH 45113

PHONE: 937.289.4166 ▪ FAX: 937.289.3616

WWW.CMEALCONS.ORG

PHYSICAL EDUCATION OPTION APPLICATION

The student must complete this application and return it to Mr. Carey within 10 calendar days following the first official date for coaching and instruction. (OHSAA)

Student Name: _____

Date: _____ Grade: _____

Place a check next to the sport that you are participating in:

- | | | | |
|--|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Bowling | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Color Guard | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Marching Band | <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Track | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |

PE Exemption for the _____ semester in _____ school year.

Name of coach/advisor: _____

In making this request for exemption from physical education as a graduation requirement, I understand all expectations related to the "two full seasons" requirement.

Student Signature

Date

Parent Signature

Date

I verify that the student above has successfully completed the season based on the "daily participation paralleling the official sport season at a 90% attendance level and competed the season as a member of the team or group."

Athletic Director Signature

Date

Students: Submit this completed form to Mr. Carey