

## EDUCATIONAL PROGRAMS

### *Series 600*

**Policy Title:** Physical Education Waiver

**Code Number:** AR602.11

Students in grades kindergarten through twelve shall be considered physically able unless otherwise determined by a physician. If a student is diagnosed physically unable to participate in the physical education program, he/she shall submit written documentation signed by the attending physician that he/she is physically unable to participate in the physical education program. This documentation shall include the beginning and ending dates of nonparticipation. This documentation shall be returned to the school counselor and filed in the school nurse's office.

A student shall not be required to meet the requirements of this policy if the student's parent or guardian files a written statement with the school counselor that the requirement conflicts with the student's religious beliefs. This statement shall be filed in the counseling office.

To comply with the Healthy Kids Act, the district will form an agreement with the students and his/her family to meet the required minutes per week that students are engaged in physical activity.

First Adoption: May 23, 1989  
Revision Adoption: July 18, 1995/September 26, 2000/January 25, 2010  
Legal Reference: Code of Iowa §256.11 (5)(g.); 256.11 (6)

## Sioux City Community School District Physical Activity Contract

In 2008, the Iowa Legislature enacted the Healthy Kids Act, requiring that all students in grades 6-12 engage in physical activity for a minimum of 120 minutes per week in which there are at least five days of school. The law also requires that we monitor how students fulfill this requirement. This is not an exemption or waiver form, but documentation of evidence that students are meeting the requirements of the Healthy Kids Act.

Please fill out the items below, sign (both students and parent/guardian), and return to the school by September 1, 2009. If you have any questions, call your middle school or high school.

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Indicate below which school activities the student will be involved in during the 2009-2010 school year. On the line next to each activity, indicate the estimated number of minutes per week.

Fall	Winter	Spring
Cross Country _____	Basketball _____	Track _____
Football _____	Wrestling _____	Golf _____
Volleyball _____	Bowling _____	Tennis _____
Swimming _____	Swimming _____	Soccer _____
Marching Band _____	Cheerleading _____	Show Choir _____
Cheerleading _____	Dance Team _____	ther _____
Dance Team _____	Show Choir _____	
Show Choir _____	Other _____	
Other _____		

Indicate below which non-school activities the student will be involved in during the school year. On the line next to each activity, indicate the estimated number of minutes.

Non-School Activity	Beginning Date	Ending Date	# of minutes/ week	Signature of coach/sponsor

Signature of Student: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_