

# MODESTO CITY SCHOOLS

## Exhibit

E 6142.7

### ~~MODESTO CITY SCHOOLS~~ ~~REQUEST FOR EXEMPTION FROM HIGH SCHOOL PHYSICAL EDUCATION~~

~~TO BE COMPLETED BY PARENT/GUARDIAN: (Please type or print)~~

~~School \_\_\_\_\_ Grade Level \_\_\_\_\_ School Year \_\_\_\_\_~~

~~Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_~~

~~Address \_\_\_\_\_  
(Street) (City) (Zip)~~

~~Phone Number \_\_\_\_\_~~

~~Request made by \_\_\_\_\_  
(Signature of Parent/Guardian)~~

~~TO BE COMPLETED BY PHYSICIAN (Attach physician's written statement if necessary)~~

~~1. Statement of health problem including symptoms: \_\_\_\_\_  
\_\_\_\_\_~~

~~2. Regular PE would aggravate or worsen this problem because: \_\_\_\_\_  
\_\_\_\_\_~~

~~3. Student could be in: Adaptive PE (Criteria individual with a long term exceptional need  
who requires developmental or corrective instruction which cannot be met in any other type  
of PE program.) Yes \_\_\_\_\_ No \_\_\_\_\_~~

~~4. This problem will cause (or has caused) the student to be unable to participate in  
PE from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_~~

~~\_\_\_\_\_  
(Physician's Signature) (Date)~~

~~\_\_\_\_\_  
(Address) (Phone Number)~~

~~TO BE COMPLETED BY SCHOOL PRINCIPAL:~~

~~Principal's Recommendation: \_\_\_\_\_ Approved ☐ Disapproved ☐~~

~~\_\_\_\_\_  
(Principal's Signature) (Date)~~

~~TO BE COMPLETED BY SENIOR DIRECTOR, SCHOOL LEADERSHIP:~~

~~Approved ☐ Disapproved ☐~~

~~\_\_\_\_\_  
(Signature) (Date)~~