Wellness Exemption Agreement
Iowa Code 12.5(19)

Name ___________________________ Grade Level _________ Date: ___________

Students maybe exempt from physical education classes based upon scheduling impossibilities, religious waivers, athletic participation, or administrative exemption.

Please check the appropriate semester box for Wellness exemption. This agreement must be renewed each semester.

☐ 1st Semester ☐ 2nd Semester

Date: ________________ Date: ________________

Please define the reason for the Wellness Exemption:

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

Please indicate the Individual Physical Activity Plan you will be following during this semester. This plan must include 120 minutes of activity per week. Plan (This includes any movement, manipulation, or extension of the body that can lead to improved levels of physical fitness and quality of life.)

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Student Signature __________ Date __________ Parent Signature __________ Date __________

Principal Signature __________ Date __________