



**Brevard Public Schools**  
**Request for Waiver of Physical Education Requirement**  
**(HOPE)**

*Student Instructions: Complete this form **after** the two junior varsity and/or varsity sport seasons have been successfully completed.*

**Section 1.**  
 Student name: \_\_\_\_\_ Student number: \_\_\_\_\_  
 School: \_\_\_\_\_ Date: \_\_\_\_\_

**Before filling out this waiver request, please read the following for additional information to determine if you qualify.**

**Interscholastic Extracurricular Sports:** Two seasons in one sport, or one full season in two different sports, can waive the state requirement for high school physical education. Interscholastic extracurricular sports are interpreted as those adopted by the Brevard County School Board and approved by the Florida High School Activities Association (FHSAA). The qualifying junior varsity/varsity sports are as follows:

Baseball	Cross Country	Lacrosse	Swimming/Diving	Volleyball
Basketball	Football	Soccer	Tennis	Wrestling
Bowling	Golf	Softball	Track and Field	

**Full Season:** A full season (in a sport) is defined as attendance and participation in both the practices and competitive events from the allowable first day of practice to the elimination of a team from FHSAA tournament competition.

**Section 2 – Student and Parent Statement of Understanding:**

Season 1 Sport: \_\_\_\_\_ School Year: \_\_\_\_\_ JV or Varsity: \_\_\_\_\_  
 Season 2 Sport: \_\_\_\_\_ School Year: \_\_\_\_\_ JV or Varsity: \_\_\_\_\_

We understand that the granting of this waiver does not affect the number of credits required for graduation and that the student will not receive a grade or course credit for the sport(s) in which he/she participated.

We understand that this waiver does not prevent the student from taking other elective physical education courses.

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

\_\_\_\_\_  
*Parent/Guardian Name – Please Print*

\_\_\_\_\_  
*Parent/Guardian – Signature* \_\_\_\_\_  
*Date*

**Section 3 – Athletic Director Signature**

\_\_\_\_\_  
*Athletic Director Signature* \_\_\_\_\_  
*Date*

**Student responsibilities for completing the waiver request process:**

- Secure form from guidance department.
- Read instructions and guidelines carefully to determine whether student qualifies for HOPE Waiver.
- Complete **Sections 1 and 2**.
- Return completed form to the guidance department.

**Counselor Responsibilities:**

- Review form for accuracy and completeness, and enter the student number.
- Obtain Athletic Director signature (**Section 3**).
- Enter the following waiver code numbers into AS400, Panel S520
  - Course # 1500410X - Interscholastic Sports-Season 1
  - Course # 1500420X - Interscholastic Sports-Season 2