



DIOCESE OF DAVENPORT
MOVING FORWARD IN FAITH AND HOPE

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:

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.)

Student Signature

Date

Parent Signature

Date

Principal Signature

Date