



Sunlake High School Marching Band Participation Waiver

Student Name (Last, First): _____ Student ID _____

Season 1 Participation: _____

Season 2 Participation: _____

The above student has participated in 2 seasons of Marching Band and will waive the PE requirement. This has been verified by the Band Director.

Important Note:

Students who waive the HOPE course through these options will not receive the health education component included in HOPE. By signing the waiver, families acknowledge that students will have limited exposure to the health topics required by statute.

As a Parent/Legal Guardian, I give permission for the school to (initial below):

_____ Waive the PE requirement because my child participated in two years of marching band.

We have read and understand the above information.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Band Director Printed Name: _____

Band Director Signature: _____ Date: _____

Counselor (Name/Signature) _____ Date of Entry _____

Upon completion, please return form to the guidance office for processing.