WAIVER ID NO:

New Mexico

Public Education Department

**Physical Education**

**Waiver rEQUEST**

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| **Instructions:** Please complete this form electronically from the superintendent, charter school administrator, or designee.  Email to: [Waivers.PED@state.nm.us](mailto:Waivers.PED@state.nm.us) in word document format.  **Note:** The boxes expand automatically as you add text. | | | | | |
| Superintendent or Charter School Administrator: | | | | | |
| District or Charter School: | | | | | |
| Mailing Address: | | | State:  ***NM*** | Zip Code: | |
| Phone: | FAX: | Email: | | | |
| Secondary Contact: | | Title: | | | |
| Phone: | | Email | | | |
| Date Submitted: | | | | | |
| Does local school board policy require board approval prior to this request? | | | Yes | | No |
| If yes, has board approval been obtained? | | | Yes | | No |
| Date of Board Approval: | | | | | |

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| **Please Use One Form Per District—Enter Multiple Students Per Table** |

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| **Applicable Statute and/or State Rule** |
| **NMAC 6.29.1.9 Procedural Requirements:**  J. Graduation requirements.  (12) Excuses from physical education. The physical education graduation requirement may be waived by the secretary, based upon a request by the local superintendent or charter school administrator with documentation from a licensed medical doctor, osteopath, certified nurse practitioner with prescriptive authority or chiropractor, that the student has a permanent or chronic condition that does not permit physical activity. Such requests shall be submitted using the department's *physical education waiver request form*. This form shall include: name of superintendent; district/school; mailing address; phone; fax; email address; name of a secondary contact person including the same information; date of submission; local board policy requirement and approval, if required; date of board approval; statement of applicable district or charter school policy and, for each student for whom the waiver is requested: name, school and year of student graduation, district affirmation that it possesses required medical documentation, name and email address of school principal and rationale for the request. A student receiving special education supports and services pursuant to the IDEA or Section 504 of the federal Rehabilitation Act may also be eligible to request this waiver, when appropriate medical documentation is provided in the IEP. |

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| **When Requesting Waivers for Multiple Students, Enter All Fields in the Student and School Table Below** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student and School Information** | | | | |
| **Student**  **(use one form for multiple students)** | **School and Year of Student Graduation**  ***Example:***  ***Aztec HS/2019*** | **District affirms that it possessed required medical documentation as stated in NMAC 6.29.1.9.J (n)** | **School Principal/Administrator Email** | **Explanation or Rational** |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |
|  |  | Yes No |  |  |
|  |  | Yes No |  |  |
|  |  | Yes No |  |  |
|  |  | Yes No |  |  |
|  |  | Yes No |  |  |
|  |  | Yes No |  |  |
|  |  | Yes No |  |  |
|  |  | Yes No |  |  |
|  |  | Yes No |  |  |
|  |  | Yes No |  |  |
|  |  | Yes No |  |  |
|  |  | Yes No |  |  |
|  |  | Yes No |  |  |
|  |  | Yes No |  |  |

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| **FOR PED INTERNAL USE ONLY PED PS #** | |
| Reviewed by: | Date: |
| **Rationale for Approval:** | Date: |
| Concur with staff recommendations for approval.  Mariana D. Padilla  Secretary of Public Education | Date: |
| **Rationale for Non-Approval:** | Date: |
| Concur with staff recommendations for non-approval.  Mariana D. Padilla  Secretary of Public Education | Date: |
| Returned to Superintendent or Charter School Administrator by | Date: |

Updated: 03.02.2025