



Board of Education Approval
Approved: ____ Yes ____ No
Date _____

KINNELON PUBLIC SCHOOL DISTRICT

Option II: Request for Exemption from Physical Education 2026-2027

Student Name: _____ Marking Period(s): 1 2 3 4
Grade: _____ Counselor: _____

In accordance with New Jersey Administrative Code 6A:8-5.1(a)1ii, District Boards of Education may “establish general policies and procedures for the implementation of individualized student learning opportunities that meet the NJSLS.”

At Kinnelon High School, we are proud to offer “Option II” for Physical Education credit beginning during the 2026-2027 school year for students who meet the mandatory requirements for Physical Education (150 minutes of intensive, physical activity weekly) through one (or a combination) of the following two pathways:

- 1.) Participation in an NJSIAA-approved JV and/or Varsity sport that equates to *at least* **150 minutes** of physical activity per week.
- 2.) Continuous high-level training, practice, performance, and/or competition in an athletic or physical activity for *at least* **150 minutes** per week with an approved organization, coach, and/or teacher.

Please refer to [this document](#) (click the link) for all of the rules that govern Option II: Physical Education (PE).

Please complete and submit this form in order to apply for an exemption from Physical Education on a marking period basis or for the entirety of the 2026-2027 school year by indicating the marking period(s) above.

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Coach/Trainer Name _____ Organization Name _____

Coach/Trainer Email: _____ Coach/Trainer Phone _____

Please describe the type of physical activity that you will participate in for 150 minutes weekly in lieu of PE:

**** Please forward this original document to the Guidance Department in order to begin the approval process****

Recommendation for Approval	
<i>Please sign below indicating your approval of this request for an exemption from Physical Education per Option II.</i>	
Supervisor of Athletics: _____	Date: _____
Principal: _____	Date: _____
Director CI&A: _____	Date: _____
Superintendent: _____	Date: _____
Education Committee: _____	Date: _____