

TO: Parent or Guardian
FROM: Elementary Physical Education Department
SUBJECT: Elementary Physical Education Program



We are providing physical education classes every week at the elementary level. To provide your child the best opportunity to participate safely and successfully, **NO DRESS SHOES, CROCS, SANDALS, SNOW OR HIKING BOOTS WILL BE ALLOWED IN PHYSICAL EDUCATION CLASS - ATHLETIC SHOES ONLY.** This is a safety concern. The CHILDREN must be responsible for wearing the correct shoes. (Shoes that leave marks on the gym floor will not be allowed.) No shoes mean your child's level of participation in class activities may be reduced. The safety of your child is very important to us, so proper shoes and clothing are recommended. Girl's attire should include shorts or pants. If wearing a skirt, please wear a pair of shorts also.

Participation is required by all students unless **WRITTEN NOTIFICATION** states otherwise.

Please fill out the form below regarding your child's physical condition and return it to your son's or daughter's school. Please make a note of any condition which might hamper or threaten the safety of your child in physical education class. Examples: diabetic, epileptic, asthmatic, heart condition, on medication and why, etc.

In order to participate in physical education, this form must be returned so we have information regarding your child's health and safety.

Thank you for your cooperation.

Elementary Physical Education Staff

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Please fill out the following form and have your child return it to his/her teacher.

My Child's Name Is _____ Grade _____

Home Address _____ Birth Date _____ Phone _____

My child's teacher is _____ School _____

YES, my child has permission to participate in ALL Physical Education Activities.

NO, please explain _____

List any medication that your child is taking under a doctor's care: _____

