

Battlefield Elementary PE Class Information and Parent Questionnaire

Dear Parents,

I am looking forward to working with your child this year. I am expecting a very exciting and successful year. As your child's physical education teacher, I plan to provide your child with opportunities to become aware of his or her physical abilities and to expose your child to a variety of learning experiences. Your child will be involved in activities in the following areas: Movement Education, Games, Dance, Fitness, Team and Lifetime Sports.

Please check with your child to see which days his/her class has PE. For the safety of your child, I ask that each child dress appropriately on these days (tennis shoes, shorts or loose fitting slacks, and a comfortable shirt). Due to the latest styles, I must clarify that tennis shoes must wrap around and support the entire foot. The shoes must also fit snugly enough to remain on the child's foot while running, kicking, jumping, etc. Please be aware that this is for the safety of your child.

For your child's safety, please complete the form below, notifying me of any medical conditions I should be aware of and return it to the school. If your child cannot participate in the regular physical education program, please mark RESTRICTED PROGRAM on the bottom portion of this letter. **If "Restricted PE" is marked, documentation must be provided from your child's physician stating the reason for a restricted program as well as limitations, restrictions and modifications.** If REGULAR PROGRAM is marked, then your child is expected to participate in the regular physical education program. If your child cannot participate because of a *temporary* restriction, please write a note that will excuse your child from physical education that day. This is important because participation is considered in your child's final grade. If your child is not able to participate for more than a week, I will need a doctor's note.

Again, welcome to Battlefield Elementary. I am looking forward to getting to know you and your child. If I can be of any assistance, please feel free to contact me.

Thank You,

Mr. Craig Womack

Please fill out the bottom portion of this note and return to school.

Child's Name: _____ Homeroom Teacher's Name: _____

PLEASE CHECK THE APPROPRIATE SPACE BELOW: My child needs to participate in:

____ Regular PE **OR** ____ Restricted PE (requires a doctor's note)

Parent: Phone Number: (H) _____ (W) _____ (Cell) _____

Emergency Contact Person and phone number(s) _____

I have reviewed the information above and understand the appropriate clothing and shoe requirements for PE class. I have indicated the appropriate physical education program, and listed any current medical conditions that apply to my child. **(Please use the back of this form to list any current medical condition such as, but not limited to, broken bones, epilepsy, asthma, or diabetes, that apply to your child. Also, include any special care your child may need as a result of his/her medical condition.)** I will keep the school informed if any new conditions occur.

Parent or Guardian Signature: _____

Date: _____