



**SACRED HEARTS SCHOOL
GYM PERMISSION FORM**

To: School Parents Grades K-8
From: Mrs. Kathleen M. Blain, Principal
Re: **Gym Permission 2017-2018**

We are all aware of the importance of physical fitness for ourselves and our children. In order to further develop this within our children of grades K-8, we offer a Physical Education Program under the direction of Mrs. Janice Zenevitch, Physical Education Teacher & Athletic Director. **All students are required to participate unless they have extenuating circumstances or health reasons that would preclude participation.**

Note: If for any reason your child cannot participate because of health reasons, you must make it known in writing to the office; the explanation should be signed by your pediatrician. Included in the 4th through 8th grade gym curriculum is the one mile walk/run. This takes place around the block of the school with extra adult supervision. By signing this Permission form you also acknowledge that you are aware of the mile walk/run off school property.

Reminder: The gym uniform, to be purchased through the school is, plain red sweatpants, plain red shorts, red SHS sweatshirt, white SHS t-shirt. Also required are **white (as white as possible)** sneakers and **white** socks. **Gym Uniforms: If you have not already ordered your child's Gym Uniform, please print the form from the website (found under "Parents"/ Policies & Forms.) Students will not be required to wear Gym uniforms until the week of September 18th. If your child does not have a Gym Uniform for the week of September 18th, he/she must wear the warm weather uniform. Sneakers are required!**

Gym SCHEDULE: To Be Determined; however, there is no gym on Fridays

Please return the bottom portion **BY TUESDAY, SEPTEMBER 5th, 2016.**



Sacred Hearts School Physical Education Program Permission Form

_____ My child/ren is/are in good health and will participate in physical education classes at Sacred Hearts School: (please print)

_____ My child/ren is/are not able to participate in physical education classes. I have attached a doctor's note explaining the circumstances.

Student's Name _____ Grade-Room _____
Student's Name _____ Grade-Room _____
Student's Name _____ Grade-Room _____
Student's Name _____ Grade-Room _____

Parent's Signature _____ **Date:** _____