

**Kendale Lakes Elementary School
Physical Education Department**

Dear parent/Guardian,

Welcome back to the 2009-2010 school year from the Physical Education Department at Kendale Lakes Elementary.

For this school year, we have some new and exciting activities for your child. The program will promote fitness, individual/team sport skills, gymnastics, rhythms and cooperative activities. The goal of our program is to help in developing your child's fitness level, self-esteem, learning to work with others and learning to be successful in/out of the classroom.

Since parents play an important part in their child's education, we need your help in encouraging your child to follow the rules we have in Physical Education:

1. Students are required to dress properly for class;
 - a) Sneakers with shoelaces or Velcro
 - b) Shorts worn underneath dresses or skirts
2. No shoes are to be taken off during class;
3. Students must bring a note from a parent/guardian/doctor in order to be excused from P.E.;
4. Students are required to participate in all of the activities;
5. Do not leave the class area unless you have the teacher's permission to do so;
6. Do not touch the equipment without permission;
7. Chewing gum/eating is not permitted during class time;
8. The P.E. teacher is not responsible for any jewelry brought, broken or lost during class time;
9. Personal items are not to be brought to class: toys, pencils, money, etc.
10. All accidents must be reported to the teacher before leaving class.
11. Academic grades are based upon participation, observation and skill/written tests.
12. Good behavior is expected. If a student receives three warnings, a behavior report will be sent home to be signed by a parent;
13. Students must respect: the equipment, classmates and the teacher.

These rules are put in place for everyone's enjoyment and safety.

Attached, you will find a Health Form that is to be printed, filled out and sent with your child to his/her PE Teacher.

Thank you for your attention and cooperation. We look forward to a fun safe and successful year.

Mrs. Arguello / Ms.
McLeod

PHYSICAL EDUCATION PARENT'S FORM

Student's Name: _____ Teacher's Name: _____ Grade: _____

I _____ have read the rules and review this information with my child.
(Guardian Name)

Date: _____ Signature: _____

Medical Problems (allergies, asthma, etc.) No ___ Yes ___

If yes, please explain _____

Any important information that we should know _____

Emergency Contact Information

Home Phone Number: _____

Mother's Name: _____

Mother's Work Number: _____

Father's Name: _____

Father's Work Number: _____

Guardian's Name: _____

Guardian's Work Number: _____

Any other important phone number (cell, beeper, etc.): _____