

Lindbergh Physical Education Syllabus Form

To ensure that parents/guardians and students are aware of the guidelines and expectations for this class and the locker rooms -- after reading the syllabus, please sign, date and **return this page** with your student.

Student Name (Print): _____ **Class Period** _____

Student Signature: _____ **Date** _____

Guardian/Parent Print Name: _____

Signature: _____ **Date** _____

Email Address: _____ **Phone #** _____

Please share any medical information/injuries/limitations that the physical education teacher should be aware of:

On the back: Is there anything you feel I should know about your child to help them be more successful in my class?

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