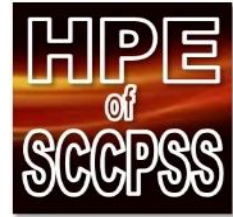




Savannah-Chatham County Public School System  
Physical Education Program



Dear Parent(s)/Guardian(s):

Your child will be participating in a required program of physical education which is designed to provide activities in the development and refinement of individual physical, mental, and social skills. The FITNESSGRAM physical fitness assessment will be administered to all students in grades 1-12 enrolled in a physical education class. FITNESSGRAM is a health-related fitness assessment developed by The Cooper Institute for Aerobic Research and is a research-based criterion referenced test.

For maximum safety, all physical education students must wear tennis shoes during physical education classes.

Elementary Students: School uniforms must be worn. If girls wear skirts/ jumpers, they must wear a pair of shorts as well on their physical education day(s).

Secondary Students: A change of clothes which allows freedom of movement is suggested in order for your child to benefit from full participation. Physical Education clothing includes appropriate t-shirt, athletic shorts, or loose fitting warm -ups only, no jeans, tank tops, short shorts, or school uniforms. Please see that your child is dressed appropriately for weather conditions and activities.

If your son/daughter is unable to participate in the regular physical education program due to a medical or physical disability, please mark "restricted program" on the portion of this letter to be returned. If "restricted program" is marked, this letter must be accompanied by a doctor's medical statement including restrictions and length of time to be excused from active participation. If "regular program" is marked, then your child will be expected to participate in the regular physical education program. If your child cannot participate because of a temporary illness, you may write a note which will excuse him/her for that day.

Please return the student information portion of this document to your child's school.

STUDENT INFORMATION		
Last Name:		First Name:
Grade:	School:	Homeroom Teacher:
Please check appropriate space:		
<input type="checkbox"/> Regular Program <input type="checkbox"/> Restricted Program (medical form attached)		
Please list any conditions such as asthma, diabetes, epilepsy, rheumatic fever, etc. Additional comments or explanations can be added to the back of this form.		
_____		
_____		
_____		

Parent/Guardian Signature: _____
Home/Mobile Phone: _____
E-mail address: _____