

STUDENT-TEACHER-PARENT AGREEMENT

My parents/guardians and I have read and discussed the information presented in this contract. I understand that it is *my* responsibility and obligation to follow these Basic Rules and Regulations in order to succeed in Physical Education class.

STUDENT FIRST AND LAST NAME (printed) _____

STUDENT SIGNATURE _____

PARENT NAME (printed) _____

YOUR PARENT'S/GUARDIAN'S SIGNATURE _____

PARENT CONTACT (Day Phone) _____
(Evening Phone) _____

MEDICAL CONDITIONS:

Please inform us of any medical conditions in order for us to make appropriate accommodations for your child.

PLEASE SIGN AND RETURN TO YOUR P.E. TEACHER