

GOHS Physical Education

Syllabus Acknowledgement Form

Course: **Physical Education** _____ Instructor: _____

Student's Name: _____ Period: _____

Parent/Guardian's

Name: _____ Relationship: _____

Phone-1: _____ Phone-2: _____

Email: _____

Parent/Guardian's

Name: _____ Relationship: _____

Phone-1: _____ Phone-2: _____

Email: _____

Medical Notice: All long medical conditions must be submitted/verified by GOHS's Nurses Office. Is there a medical condition that you would like to make the PE Staff aware of while the office notice is being processed?

None _____

Please review the syllabus and grading policy available at your teacher's website. The PE site is <http://gohs.tvusd.k12.ca.us/PE>. If you have any please questions, contact your teacher.

I acknowledge that I have read and understand the Syllabus and Grading Policy of my teacher for this course.

Student's Signature

Parent/Guardian's Signature