

The Physical Education Department has compiled this handbook to assist you in a successful year in P.E. at Heritage High School.

Please list any medical conditions that the P.E. teacher may need to be aware of.

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As this information is very important, we are asking that you and your parent/guardian sign below to verify that you have read and understand the expectations for this class.

I have read and understand the Policies and Procedures for Physical Education at Heritage High School.

PE Period \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Student Name (print) \_\_\_\_\_

Student Name (signature) \_\_\_\_\_

Parent/Guardian (signature) \_\_\_\_\_