Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class & Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­

Date of Absence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Make-up due within two weeks of absences)

GUIDELINES:

* The first two “excused” absences are freebies and will not count against student’s grade.
* The make-up activity should be a minimum of 60 minutes in duration to make-up a full class period missed.
* Weight Training classes need to be made-up by doing weight training activities.
* School-related sports activities (practices, games, etc.) do not count towards make-up.
* After four make-ups through this process, the remaining make-ups will need to be supervised by school district personnel.

Examples of some activities that can be done for general PE make-up – Bicycling, Hiking, Jogging, Weight Lifting, etc. (See Mr. Bennett for questions on appropriate make-up activities)

Description of Activity done for this make-up (one make-up day per sheet): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Activity: \_\_\_\_\_\_\_\_\_\_\_\_

STUDENT PLEASE FILL OUT AND SIGN BELOW

I have honestly completed the above stated activity to make-up one (1) excused day from class.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN/ACTIVITY SUPERVISORS/INTRAMURAL SUPERVISORS PLEASE FILL OUT AND SIGN BELOW

My child/student/or participant has completed the above stated activity to make-up for one (1) excused day from class.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_