

HALF HOLLOW HILLS CENTRAL SCHOOL DISTRICT

DEPARTMENT OF HEALTH & PHYSICAL EDUCATION

GRADE INCLUSION FORM

Date: _____

I, _____, and my parent/guardian elect to include
STUDENT'S NAME (please print)

my physical education grade in my academic average for the 2007-2008 school year.

We fully understand that:

1. The option is for **this year**, and **may not be changed** during the year.
2. This form must be submitted to the Guidance Director **on or before Friday, October 26, 2007.**
3. As indicated by his/her signature, my parent or guardian approves this request.

Course No. _____

Section No. _____

Period & Day: _____

STUDENT'S SIGNATURE: _____ **Date:** _____

**PARENT/GUARDIAN
SIGNATURE:** _____ **Date:** _____

**PARENT/GUARDIAN
TELEPHONE NUMBER:** _____

PHYSICAL EDUCATION TEACHER'S NAME: _____