STUDENT LOCKER ASSIGNMENT
(GRADES 6-12)

Lockers are the property of the district. They should only contain supplies needed for school and are subject to authorized searches at any time, including sniff inspections done by specially trained dogs, as permitted by CMS Board Policy JIHD.

Signature of student: __________________________________________________________

Signature of parent/guardian: __________________________________________________

School: __________________________ No. of locker assigned: ________________

Date assigned: __________________________ Date: ________________________

Assigned by: __________________________ Locker combination: ________________

PARTICIPATION IN PHYSICAL EDUCATION
(GRADES K-12)

All students shall participate in physical education. No student shall be permitted to waive or substitute other classes for the physical education requirement except as follows: Suitably adapted physical education shall be included as part of the Individualized Education Program for students with a chronic health problem, other disabling conditions, or other special needs that preclude following the Physical Education portion of the Essential Standards: http://www.ncpublicschools.org/acre/standards/new-standards/. (IDEA: http://www2.ed.gov/policy/speced/leg/idea/idea.pdf).

Name of student: ____________________________________________________________

Teacher: __________________________ Grade: __________________________

School: _________________________________________________________________

Please Check One:

☐ My child is able to fully participate in physical education.

☐ I would like the physical education teacher to be aware of the following health concerns (e.g., diabetes, allergic reactions, asthma, heart conditions) that may require modifications or a specially designed physical education program:

________________________________________________________________________

________________________________________________________________________

Signature of parent/guardian: __________________________ Date: ________________

Form # SLA_PE I 6/11 Please complete form and return to your student's school.
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Signature of parent/guardian:
_________________________________________________________________________________________

School: ___________________________________________________________ No. of locker assigned: _______________________

Date assigned: ___________________________________________ Date: _______________________

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Form # SLA_PE | 6/11