2019-2020 Make-Up Sheet
You are given permission to make-up a Physical Education class by participating in a 30 minute workout at home or at an athletic practice. Complete & return this form to Coach Swartz. Parent/guardian must sign below to validate activity.

Student’s Name:_______________ Date Absent:__________ Period:_____ Day: A or B

The activity that I completed for make-up was: (describe in detail)

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

For: ____________minutes.                          Date Completed: ______________

Parent/Guardian Signature: ___________________________

OR

Coach Signature: _________________________________
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OR

Coach Signature: ____________________________________