**The New York City Department of Education**

**MS 890**

**21 Hinckley Place, Brooklyn, N.Y. 11218**

**Nicholas Frangella Brett Osswald**

Principal Physical Education Teacher

**PHYSICAL EDUCATION STUDENT CONTRACT**

The Physical Education Department strives to inspire a lifelong commitment to physical activity

through a variety of positive experiences in sports, games and fitness. Every class will challenge

students cognitively, affectively and physically, ultimately resulting in an enhancement of physical

and social skills as well as character.

**RULES AND REGULATIONS**

This is an agreement between the student, the parents and Ms. Karantzalis to always try your best, play safe, follow the rules, and have fun!

1. I will be ready to learn and allow others to learn.

2. I will show responsible behavior, a good attitude to others and respect the equipment.

3. I will work with my class to make sure we learn as much as possible.

4. I will **stop, look and listen quietly** when the whistle blows.

5. I will agree to change my behavior when needed to create a positive learning environment for myself and my class.

6. **No cell phones** or any electronic devices may be used in the gym.

7. Sneakers are required for participation; I will keep my sneakers on all the times.

**No snow boots, No rain boots, No ugg boots, No sandals, No Flip Flops, No Flats**.

8. Students MUST wear shorts, sweatpants, t-shirts.

9. I will never open the gym doors or leave the gym without permission from the teacher.

10. No Gum, Food or Beverages are ever allowed in the Gym.

**Supplies Needed for Physical Education**

Sneakers

Sweatpants/ Sweatshirt

T-shirt

Shorts (Knee length)

**GRADING POLICY**

Grades are cumulative and will be formulated based on:

Assessment **60%**

Classwork **25%**

Homework **15%**

TOTAL **100%**

Please complete this portion of this form and submit to your PE teacher immediately.

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I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS GOVERNING

ATTENDANCE, PARTICIPATION, LOCKER ROOM PROCEDURES AND BEHAVIOR IN

CLASS.

Student’s Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Official Class\_\_\_\_\_\_\_\_

Student OSIS #\_\_\_\_\_\_\_\_\_\_

Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PE Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PE period\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Does your child have any pre-existing medical condition that may

prevent/limit them from regular participation?\*\* Yes\_\_\_\_\_ No\_\_\_\_\_\_\_

If yes, please describe. Medical documentation must be submitted to the school nurse.