

Physical Education Absentee Make-Up 2010/2011

Student Name: _____

Grade and Block: _____

Today's Date: _____

Absent Date(s): _____

Activity Performed (must be 20 minutes in length and made up within a week of the absence to receive credit)

Total Time Activity was Performed (must be at least 20 minutes for each day absent)

Student Signature _____

Parent Signature _____

***This sheet must be completed within a week of return from absence or excused medical condition.**