

NORTH EAST HIGH SCHOOL  
1901 FREEPORT ROAD  
NORTH EAST, PA 16428  
814-725-8671

Date: \_\_\_\_\_

Dear Parents:

In compliance with school law, which states that ALL pupils are required to attend courses of instruction in physical education, we offer an adapted program of activities for pupils who, because of some physiological condition, are temporarily or permanently unable to take part in the regular program of physical education. The activities are modified and adapted to meet the need of the individual.

Our program is based on the physician's medical diagnosis and recommendations. Information received from your doctor requesting that your child be excused from the regular physical education program qualifies your (daughter/son) for enrollment in the adapted program of activities.

The reverse side of this form is to be completed by your doctor and returned within two weeks so that necessary class adjustments can be made. If you desire more information regarding this program, kindly call the school nurse or physical education instructor.

Sincerely yours,

Dr. William Renne Principal

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Signature of Parent/Guardian

Cc: Instructor, Nurse, Guidance Office

**An Equal Rights and Opportunities School District**

North East High School  
Adapted Physical Education  
(to be completed by the physician)

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Office Address \_\_\_\_\_

Description of Condition \_\_\_\_\_

If the above condition is temporary, it will be re-evaluated in approximately \_\_\_\_\_ weeks/months.

Please check those activities in which the patient CAN participate.

<u>Team sports</u>	Yes	<u>Lifetime Sports</u>	Yes
Basketball		Bocce	
Flag Football		Bowling	
Floor Hockey		Badminton	
Kickball		Golf	
Softball		Pickle ball Ping	
Team Handball		Pong	
Volleyball		Shuffleboard	
Soccer		Tennis	

  

<u>Conditioning</u>	Yes	Mild	<u>Weight Training</u>	Yes	Mild
Line Dancing			Weight Training (upper body)		
Pilates			Weight Training (lower body)		
Hi/Lo Aerobics			Running		
Step Aerobics			Rope Skipping		
Power Walking			Elliptical		
Treadmill			Stationary Bike		

In addition to the activities checked, please list any other comments you may have OR attach a list of specific corrective exercises.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ I would like to speak personally to the PE instructor.

I recommend only the indicated activities for a period of \_\_\_\_ (weeks) / \_\_\_\_ (months).

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date