PE/Health Rules & Grading Guidelines

School Year: 2019-2020

**PE Rules:**

* Go directly into the gym & place belongings in your teacher’s designated area. LISTEN for instructions as to have a seat on the top row or begin walking laps . Your teacher will be taking attendance at the beginning of class. **The only requirement for PE is to have athletic shoes daily in order to participate!!!!** Do not stand in the lobby & socialize or go into the lobby restrooms without permission from your PE teacher. Do not leave the gym without permission. Ask for a water/bathroom break and use facilities in gym lobby.
* Do not bring personal belongings of value to PE class. PE Dept. is not responsible for

damaged, lost, or stolen items. Sports equipment is off limits, until you receive a teacher’s instruction.

* NO TALKING WHEN TEACHER(S) ARE GIVING INSTRUCTIONS. (“3-strike rule”) will explain in class.
* NO HORSEPLAY….. ALWAYS THINK SAFETY!!!!!!!!!!!!!!!
* NO FOOD / CHEWING GUM/ BEVERAGES in the gym unless medically needed.
* Report any injuries, problems, or bullying/harassment to your PE teacher before leaving the gym.
* Be a team player by showing respect to others & display good sportsmanship.
* Participate in activities & play the activity according to the rules/guidelines.
* Promptly, return the sports equipment upon hearing whistles at the end of class. Line up with your classmates at designated area to return to your next class.
* Walk orderly/quietly as you exit the gym & return to your hallway.

**Grading for 6th, 7th, & 8th grades**:

PE & Health will be taught on a rotating schedule. Grade based on : 50% PE & 50% Health

Health - (1 subject notebook, loose leaf paper, pencil, & class participation expected when in health class). Chromebooks may be used per teacher’s discretion.

PE - (proper shoes, participation, conditioning, skills & sports knowledge)

**PE information**

* **\* TENNIS SHOES ARE ONLY REQUIRED for participation**. Coats/Hoodies may be worn if activity is outdoors. NO sperrys, flip-flops, sandals, crocs, boots, dress shoes, or shoeless participation is allowed .
* -20 points daily for not having proper shoes to participate.. Consequences will result as follows:
* 1st time– verbal warning 2nd time - contact parent/guardian 3rd time - referral to office.
* Daily warm up will be varied (walk/jog ). Point deduction for lack of effort in warm up or day’s activity.
* A parent/doctor note excusing your child from PE due to illness or injury will be accepted, but parent notes must include the parent’s/guardian’s name and contact phone number or e-mail. Doctor‘s note is needed to resume participation in PE unless rest period previously stated on initial doctor’s note.

SIGNATURE SHEET

Students in 2019-2020 school year.

P.E. & Health Department  **Blacknall, Denton & Pendleton**

Bunn Middle School **919-496-7700**  ext 150 (Blacknall) ext 504 (Denton) & ext 151 (Pendleton)

E-mail: [tiablacknall@fcschools.net](mailto:tiablacknall@fcschools.net) [barbaradenton@fcschools.net](mailto:richardkinder@fcschools.net) [robertpendleton@fcschools.net](mailto:robertpendleton@fcschools.net)

Signatures of the parents/guardians and student are needed below. By completing this sheet and returning it to your P.E. teacher, we (the parents/guardians and student) have a clear understanding of the expected behavior and conduct while in P.E./Health class as well as grading.

**PRINT** Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINT** Parents’/Guardians’ names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’/Guardians’ signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father work #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Cell# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother work#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Cell# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Please Print emails clearly)***

**Working E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*(please provide working e-mail accounts)*

**Additional E-mail account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Other information that your child’s P.E. teacher may need to know: (*example*: illness, medical conditions, asthma *(inhaler kept at school),*  allergies, frequent nosebleeds, previous broken bones, bee stings, etc.)