

Name _____

KMS Physical Education Make Up

<u>Date Missed</u>	<u>Date Make Work Performed</u>	<u>Activity Performed</u> (No work type activities)	<u>What fitness concept?</u> (Cardio, Flexibility, Strength)	<u>Time in Activity</u> (30-45 min. per class missed)	<u>Witness Signature</u> (Can be parent, teacher, coach)

**** To Parents: Please have your child fill out information. Parents only need to sign for verification.**

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