

Student and Parent/Guardian Walking for Fitness Syllabus Acknowledgement Form

To be completed and signed by both student and parent/guardian and returned to teacher

Student Name _____ Period _____

Student Signature _____

Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

Email: _____

Phone (cell): _____ Phone (home): _____

What is your preferred method of communication from the teacher? Please circle one.

Phone Call

Email

Text Message

GRESHAM



WALKING 4 FITNESS