

**Prince George's County Public Schools  
High School Physical Education Department Student Information Sheet**

Please return this entire page.

**I have read and understand the stated rules, regulations and grading factors.**

**Name of Student (please print first & last name):** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Period:** \_\_\_\_\_ **Course:** \_\_\_\_\_ **Physical Education Teacher:** \_\_\_\_\_

**Please list any physical or medical problems that may interfere with physical activity:**

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\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip code**

\_\_\_\_\_  
**Home phone number**

\_\_\_\_\_  
**Work phone number of parent signing this form**

\_\_\_\_\_  
**Student e-mail address**

\_\_\_\_\_  
**E-mail address of parent signing this form**