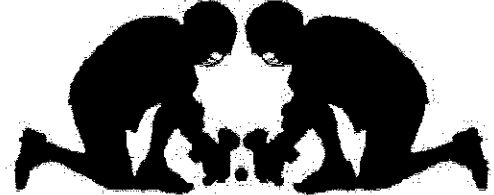


Fall 2017

Dear Parents/Guardians:

On Thursday, **September 7**, we will be starting our **Lacrosse** intramural sports program for **boys in grades 5-6**. Lacrosse sessions will be held on:

Mondays: September 11, 18, 25
Wednesdays: September 13, 20, 27
Thursdays: September 7, 14, 21



Equipment will be provided, however, if your student has a lacrosse stick, he is encouraged to bring it. Students participating in this activity may ride the late bus home at 4:00 p.m. This bus is only a "skeletal run" stopping at selected locations in each neighborhood.

Please complete the parent permission form and return it to Mrs. Kennedy in the front office by Thursday, September 7. If you have any questions, please call the school at 456-2306.

Keep top portion of this letter

DETACH AND RETURN TO SCHOOL BY THURSDAY, SEPTEMBER 7

I give permission for _____ Teacher _____ Grade _____.

to participate in intramural boys lacrosse at Lisha Kill Middle School beginning September 7, on Mondays, Wednesdays, and Thursdays.

My child:

_____ Will be Picked Up _____ Attends CYC After School Program

_____ Will Take 4:00 bus to _____
(Address for Drop Off)

Parent/Guardian Name (Please Print) Parent/Guardian Signature

Contact Number

c: L. Kennedy

Fall 2017

Dear Parents/Guardians:

On Thursday, **September 7**, we will be starting our **Girls lacrosse** intramural sports program for **girls in grade 5-8**.

Lacrosse sessions will be held on:

Mondays: September 11, 18, 25
Wednesdays: September 13, 20, 27
Thursdays: September 7, 14, 21



Equipment will be provided, however, if your student has a lacrosse stick, she is encouraged to bring it. Students participating in this activity may ride the late bus home at 4:00 p.m. This bus is only a "skeletal run" stopping at selected locations in each neighborhood.

Please complete the parent permission form and return it to Mrs. Kennedy in the front office by Thursday, September 7. If you have any questions, please call the school at 456-2306.

Keep top portion of this letter

DETACH AND RETURN TO SCHOOL BY THURSDAY, SEPTEMBER 7

I give permission for _____ Teacher _____ Grade _____.

to participate in intramural girls lacrosse at Lisha Kill Middle School beginning September 7, on Mondays, Wednesdays and Thursdays.

My child:

_____ Will be Picked Up _____ Attends CYC After School Program

_____ Will Take 4:00 bus to _____
(Address for Drop Off)

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Contact Number

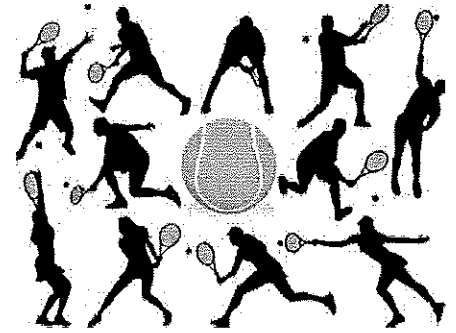
c: L. Kennedy

Fall 2017

Dear Parents/Guardians:

On Thursday, **September 7**, we will be starting our **Co-Ed Tennis** intramural sports program for **boys and girls in grade 5-8**. Tennis sessions will be held on:

Mondays: September 11, 18, 25
Wednesdays: September 13, 20, 27
Thursdays: September 7, 14, 21



Equipment will be provided, however, if your student has a tennis racket, he/she is encouraged to bring it. Students participating in this activity may ride the late bus home at 4:00 p.m. This bus is only a **“skeletal run”** stopping at selected locations in each neighborhood.

Please complete the parent permission form and return it to Mrs. Kennedy in the front office by Thursday, September 7. If you have any questions, please call the school at 456-2306.

Keep top portion of this letter

DETACH AND RETURN TO SCHOOL BY THURSDAY, SEPTEMBER 7

I give permission for _____ Teacher _____ Grade _____.

to participate in intramural co-ed tennis at Lisha Kill Middle School beginning September 7, on Mondays, Wednesdays and Thursdays.

My child:

_____ Will be Picked Up _____ Attends CYC After School Program

_____ Will Take 4:00 bus to _____
(Address for Drop Off)

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Contact Number

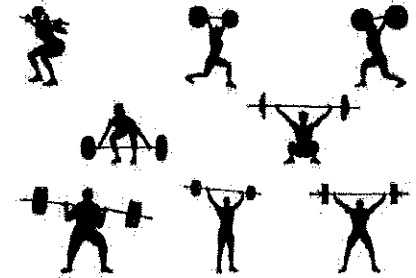
c: L. Kennedy

Fall 2017

Dear Parents/Guardians:

On Thursday, **September 7**, we will be starting our **Wellness and Weight Training** intramural sports program for **boys and girls in grades 7/8**. These sessions will be held on:

Mondays: September 11, 18, 25, October 2
Wednesdays: September 13, 20, 27, October 4, 11
Thursdays: September 7, 14, 21, 28, October 12



Students participating in this activity may ride the late bus home at 4:00 p.m. This bus is only a “**skeletal run**” stopping at selected locations in each neighborhood.

Please complete the parent permission form and return it to Mrs. Kennedy in the front office by Thursday, September 7. If you have any questions, please call the school at 456-2306.

Keep top portion of this letter

DETACH AND RETURN TO SCHOOL BY THURSDAY, SEPTEMBER 7

I give permission for _____ Teacher _____ Grade _____.

to participate in Wellness and Weight Training at Lisha Kill Middle School beginning September 7, on Mondays, Wednesdays, and Thursdays.

My child:

_____ Will be Picked Up _____ Attends CYC After School Program

_____ Will Take 4:00 bus to _____
(Address for Drop Off)

Parent/Guardian Name (Please Print) Parent/Guardian Signature

Contact Number
c: L. Kennedy