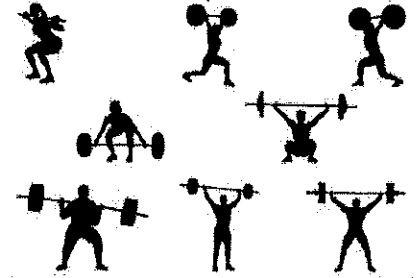


Fall 2016

Dear Parents:

On Monday, **September 12**, 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 12, 19, 26, October 3, 17
Wednesdays: September 14, 21, 28, October 5, 19
Thursdays: September 15, 22, 29, October 6, 13



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 Friday, September 9. If you have any questions, please call the school at 456-2306.

Keep top portion of this letter

DETACH AND RETURN TO SCHOOL BY FRIDAY, SEPTEMBER 9

I give permission for _____ Teacher _____ Grade _____

to participate in Wellness and Weight Training at Lisha Kill Middle School beginning September 12, 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

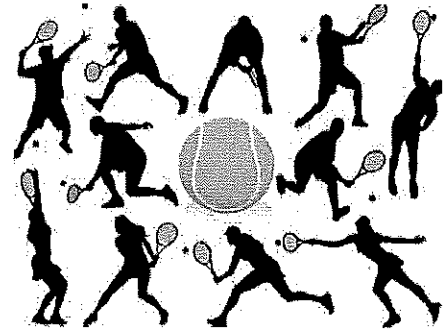
c: L. Kennedy

Fall 2016

Dear Parents:

On Monday, **September 12**, 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 12, 19, 26, October 3, 17
Wednesdays: September 14, 21, 28, October 5



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 Friday, September 9. If you have any questions, please call the school at 456-2306.

Keep top portion of this letter

DETACH AND RETURN TO SCHOOL BY FRIDAY, SEPTEMBER 9

I give permission for _____ Teacher _____ Grade _____.

to participate in intramural co-ed tennis at Lisha Kill Middle School beginning September 14, on Mondays and Wednesdays.

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 2016

Dear Parents:

On Monday, **September 12**, we will be starting our **Girls lacrosse** intramural sports program for **girls in grade 5-8**. Lacrosse sessions will be held on:

Mondays: September 12, 19, 26, October 3
Thursdays: September 15, 22, 29, October 6, 13

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 Friday, September 9. If you have any questions, please call the school at 456-2306.



Keep top portion of this letter

DETACH AND RETURN TO SCHOOL BY FRIDAY, SEPTEMBER 9

I give permission for _____ Teacher _____ Grade _____.

to participate in intramural girls lacrosse at Lisha Kill Middle School beginning October 13, 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 2016

Dear Parents:

On Monday, **September 12**, we will be starting our **Lacrosse** intramural sports program for **boys in grades 5-6**. Lacrosse sessions will be held on:

Mondays: September 12, 19, 26, October 3
Thursdays: September 15, 22, 29 October 6, 13



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 Friday, September 9. If you have any questions, please call the school at 456-2306.

Keep top portion of this letter

DETACH AND RETURN TO SCHOOL BY FRIDAY, SEPTEMBER 9

I give permission for _____ Teacher _____ Grade _____.

to participate in intramural boys lacrosse at Lisha Kill Middle School beginning September 12, 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 2016

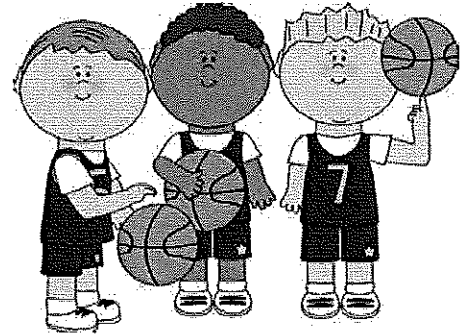
Dear Parents:

On Wednesday, **September 14**, we will be starting our **basketball** intramural sports program for **boys in grade 5-6**. Basketball sessions will be held on:

Wednesdays: September 14, 21, 28, October 5
Fridays: September 16, 23, 30, October 7, 14

Students participating in this activity may ride the late bus home at 400 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 Tuesday, September 13. If you have any questions, please call the school at 456-2306.



Keep top portion of this letter

DETACH AND RETURN TO SCHOOL BY TUESDAY, SEPTEMBER 13

I give permission for _____ Teacher _____ Grade _____.

to participate in intramural basketball at Lisha Kill Middle School beginning September 14, on Wednesdays and Fridays.

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