



UNITED INDEPENDENT SCHOOL DISTRICT PHYSICAL EDUCATION 2009-2010

Parent Request for Fitness Assessment Results

STUDENT NAME: _____
(Please Print)

GRADE: _____
STUDENT ID: _____

CAMPUS: _____

PE TEACHER'S NAME: _____

PARENT'S NAME: _____
(Please Print)

PHONE #: _____

PARENT'S SIGNATURE: _____

DATE: _____

REQUEST RECEIVED BY: _____
(Please Print)

DATE: _____

REPORT PRINTED BY: _____
(Please Print)

DATE: _____

REPORT RECEIVED BY: _____
(Please Print)

SIGNATURE OF RECEIVER: _____

DATE: _____

Please return form to the front office or your child's physical education teacher. Allow 3-5 school days for report to be printed. You will be contacted at the number you provided when the report is ready for pick-up. You must sign for the report before it will be released.

If you have any questions about the FITNESSGRAM Report, please contact Lisa Haberkorn, Physical Education Coordinator (956) 473-7100 or refer to <http://www.FITNESSGRAM.net/texas/>.

It is the policy of the United Independent School District not to discriminate on the basis of race, color, national origin, sex, or disability in the Career and Technology programs, services or activities, as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; the Age Discrimination Act of 1975, as amended; and Section 504 of the Rehabilitation Act of 1973, as amended.