



**NOBLE
STREET
COLLEGE PREP**

A CAMPUS OF NOBLE STREET CHARTER SCHOOL

1010 N. Noble St.
Chicago, IL 60642

ph 773.862.1449

fax 773.278.0421

To the students and parent:

1. It is the student's/parent's responsibility to inform the school if a student has a medical condition serious enough to warrant gym modification/exclusion.
2. Students must go to their assigned gym class while the paperwork is in process. Under no circumstances should a student miss gym altogether. Once the note is on file the student still must report to his/her assigned gym. While there, the student can assist the teacher or work on class assignments.
3. These forms are due within two weeks of receiving the paperwork. The doctor may fax it to the school using the number on the letterhead (see page 2).
4. A student is not excluded from gym, or eligible for modified gym, until this document is on file along with any other relevant documents requested by the school. The dean's office will process forms.
5. A student asking for gym modification or exclusion cannot be in a competitive sport.
6. Each year, the student/parent must provide an updated copy of this form.
These do not carry over from one year to the next.

Should you or you physician have any questions please contact your child's advisor at 773.862.1449.



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Dear Sir or Madam:

_____, a student at Noble Street College Prep has requested that we:

- _____ exclude him/her from gym
- _____ modify his/her gym
- _____ exempt him/her from the gym requirement.

In order for a student to be excluded from gym, or to receive modified gym, Noble Street College Prep must have **a doctor's note on letterhead, in addition to the information below**. Please provide answers to all of these questions. You may give the form to the student or feel free to fax us at the number listed below. **There are 3 pages to this form.**

Physician's Name: _____ (please print)

Physician's Contact Info: _____ (address)

_____ (city, zip)

_____ (phone #)

Name of Person completing this form:

_____ (please print)

_____ (title)





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Parent must complete this portion:

I give permission for my child's doctor to complete this form and release information relevant to my request for modified gym/gym exclusion to Noble Street College Prep staff.

_____ date

_____ date

1. What is the nature of the illness/injury that will impact gym? **Please provide the medical name for the illness/injury as well as and explanation in laymen's terms.**

2. Are there any other areas of the child's educational program that will be affected?

3. If so, should the school nurse be asked to monitor the child's condition? **Explain**

4. What is the exact start date of the medical exclusion or modification for gym?

(month/day/year)

5. What is the duration of the exclusion/modification? Please clarify in terms of days, weeks or months (forms that state "until further notice" will be returned).

_____ days / weeks / months (circle the appropriate one)
(indicate number)





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6. Has a follow up appointment been scheduled? If so, please indicate the date of that appointment. _____
(month / day / year)
7. At Noble Street, students participate in a fitness test every spring. The fitness test consists of a ½ mile run, sit ups and pushups, all of which are timed. In your opinion, can this student participate in the fitness test without restrictions?

If not, please explain why (or list the modifications you suggest).

8. If the student is to have modified gym, please provide a detailed list of what the student **can** and **cannot** do.

Acceptable activities include (please provide a detailed list):

Activities that are not acceptable include (please provide a detailed list):

Please note: At Noble Street College Prep, gym is an **active** physical fitness program coordinated by fitness professionals. Gym includes, but is not limited to, running, moderate weight lifting, aerobics, spinning and body sculpting activities.