



ISMET/OIA

Serving the community through excellence in education since 1993

Parental Permission for Participation in Ongoing ISMET/OIA Swim Classes school-year round

Dear Parents and/or Guardians:

Students in ISMET/OIA (Kindergarten - 12th grade), will be swimming once a week as part of their P.E. & Health curriculum. They will be divided by gender and swim on alternate P.E. days. Students not participating in swimming will be under adult supervision in the pool area. **Participation and effort in swim class is part of each student's final P.E. grade each trimester.**

PLEASE RETURN BY DUE DATE. STUDENTS WITH NO PERMISSION SLIP WILL NOT BE ABLE TO TAKE PART IN SWIMMING.

Date: Ongoing September thru June.

Time: Per weekly PE schedule, during school hours.

**ONE form may be filled out for all enrolled siblings.
Please write all their names below.**

Swim Dress Code:

BOYS - Swim Shirts, Swim Shorts & Towel

GIRLS - Swim Cap, Swim Shirts, Swim Shorts/Capris down to their knees & Towel

Students should bring their swim attire including towels and a water proof swim bag to school each day they are scheduled to swim and take it home for drying.

Please note that only swimwear will be allowed in the pool. Other items of clothing, including Dri-FIT, will NOT be permitted. Students will be required to take a quick cleansing shower before and after their swim session.

Younger students MUST be able to change INDEPENDENTLY into and out of their swim clothes WITHOUT ANY HELP from a teacher; otherwise they will not be able to swim.

Supervision and Instruction: Students will be supervised by trained lifeguards and swim instructors during swim class. There will also be at least one other adult present in the swim area at all times.

Signed by: **Teacher Elvira**

Elvira Mustafic, ISMET/OIA School Management Team

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By signing below, I agree not to hold the Muslim Educational Trust, the Islamic School of MET, Oregon Islamic Academy, MET staff/teachers/chaperones, liable for any, God forbid, injury or loss of life that results from my child(ren)'s participation in this activity.

For my child(ren); Please print name(s): _____

Parent/Guardian Telephone #: _____(home) _____(business)

Doctor's Name: _____ Doctor's Number: _____

Health Insurance Carrier and Policy #: _____

Medical/Health Problem(s): _____

Parent/Guardian Name: _____ Signature: _____ Date: _____