



Mannheim School District 83
10401 W. Grand Avenue
Franklin Park, IL 60131



MANNHEIM MIDDLE SCHOOL SWIM PERMISSION SLIP

Dear Parent/Guardian:

Your child will be starting swimming classes as part of their physical education curriculum. Your child will need to provide their own comb or hairbrush. Students are able to bring their own swimsuit to class. If they do not have a swimsuit, one will be provided for them.

Pool regulations require students, **male or female**, to wear a bathing cap. The student **MUST BRING THEIR OWN BATHING CAP TO CLASS**. If a student does not have a cap they are available for purchase at the pool.

To help make your child’s swimming class an enjoyable and safe learning experience, the following is a list of pool rules and regulations to be read by the student and parent prior to starting class. Your child will be tested and taught at their current swim skill level.

POOL RULES AND REGULATIONS

1. Swimmers must take a shower before entering the pool. Should they leave the pool area for any reason, they must re-shower before returning to the pool.
2. All swimmers are required to wear bathing caps while in the pool.
3. In accordance with the Illinois Department of Public Health, persons with communicable diseases, infectious diseases, severe cuts, colds, or rashes will not be allowed to swim.
4. No bottles or glass containers allowed in the pool, shower, locker room, or spectator areas.
5. No running on the pool deck, in the locker rooms, or in the hallways.
6. No food, drinks, gum, candy, and jewelry will be allowed in the pool area.
7. No horseplay, pushing people into the pool, dunking, or rowdiness is allowed.
8. Equipment will be expected to be used in the proper manner.
9. Swimmers are not allowed in the water until permission is given by the teacher.
10. A parent’s note is required if your child will miss a day of swimming.
11. A doctor’s note is required if your child misses more than two consecutive days of swimming due to illness or injury.

Ms. Korkowski, Pool Manager
 847-455-5020 ext. 2239

PLEASE DETACH AND RETURN THE BOTTOM PORTION TO YOUR CHILD’S CLASSROOM TEACHER.

Student Name: _____

Teacher: Alarcon Burke Fanselow Murphy Saucedo

Team: 6-1 6-2 7-1 7-2 8-1 8-2

Is your child receiving medication? Yes _____ No _____

Name of medication(s) _____

For what reason? _____

Parent/Guardian signature: _____

Phone number where parent/guardian can be reached during school hours: _____