



Zeeland East High School
3333—96th Avenue
Zeeland, MI 49464
616.748.3100

ZHS

Zeeland West High School
3390—100th Avenue
Zeeland, MI 49464
616.748.4500



2017 Physical Education/Health Summer School

Incoming and outgoing 9th grade students have the opportunity to take the required freshmen Health/PE course this summer. It is a combination of classroom and fitness based learning activities with a focus on proper nutrition, lifestyle risk factors and the necessary skills for students to monitor their personal lifetime fitness. Reproductive Health is also taught in this course.

When: 9 a.m. – 12 p.m.
June 12 – June 30, 2017

Cost: \$150
Note: Students will not earn credit for the course if they have more than one absence. No refunds will be given.

Where: Zeeland West High School, Rotunda.

The class consists of three components:

- o Successful completion of an online course: Healthy Living (estimated time to complete the course is **40-60 hours outside of the scheduled summer school hours**).
- o Successful completion of the Reproductive Health Curriculum taught by a certified teacher (in class). To preview the Reproductive Health Curriculum, call the Zeeland West Office at 616.748.4500.
- o Successful completion of the physical activity component of the course which is 2 hours per day, including swimming.

Note: All components must be completed by 7.1.15

Please note: Registration is on a first come, first serve basis with a capacity of 60 students.

Students should come to class on June 12 prepared to swim and run. Water and a snack are also suggested.

The registration form and a check for \$150 made payable to Zeeland Public Schools is due by Friday, April 28, 2017. Please complete the registration form and submit it with payment to the:

**Zeeland West Office
Attention: Linda Koster
3390 100th Avenue
Zeeland, MI 49464**

Summer Health/PE Registration Form

Student Name: _____

Address: _____

Student's Email Address: _____

Parent's Email Address: _____

Parent's Phone Number: _____

Current School: _____

Health Concerns: _____

For office use only:

- Cash
- Check # _____