

Widener Memorial School Swimming



September 3, 2018

Parents and Guardians,

Welcome back! I hope you had a great summer and you are ready for the new school year.

I am very excited and extremely happy to be able to continue the swimming program at Widener Memorial. I look forward to working with your children in the pool. They will improve their skills, develop strength and gain confidence in the water.

I have been an educator for 25+ years and a water safety professional for 30+ years. Safety will always be our highest priority. Parents are welcomed and encouraged to participate in the program.

Please return the completed parent permission form and physicians approval form ASAP so we can start getting our students in the pool. Students cannot participate without completed forms.

Please contact me with any questions or concerns.

Thank You,

Steve Stocks

phone: 215-456-3126

email: sstocks@philasd.org



AQUATICS PROGRAM PARENT PERMISSION FORM 2018-2019

I give permission to have my child, (full name and room number) –

to participate in the Widener Memorial School Aquatics Program for the 2018-2019 school year.

Parent /guardian sign and date - _____

PHYSICIANS APPROVAL

Widener Memorial FAX # 215-456-3118

The Philadelphia School District requires an annual evaluation for participation in the aquatics program.

Students diagnosis, restrictions, specific needs or other concerns:

I have examined the student named above and give approval for participation in the Widener Memorial School Aquatics Program.

Physician sign and date - _____

Physician address and phone - _____

QUESTION/CONCERNS Steve Stocks 215-456-3126 sstocks@philasd.org