

Name: \_\_\_\_\_ Roll #: \_\_\_\_\_

Teacher: \_\_\_\_\_ Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of classes that are being made up: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_.

### MAKE-UP WORK FORM

ALL MAKE-UP WORK MUST BE TURNED IN WITHIN ONE WEEK OF RETURN TO CLASS.

One hour of physical activity for **each** class missed (other than the usual daily activity) will fulfill this requirement.

**Description of activity/activities in complete sentences:**

**Amount of time spent performing activity/activities:** \_\_\_\_\_

**Make-up work verified by parent/guardian signature:** \_\_\_\_\_