

## **Clifton Public Schools**

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· · · · · · · · · · · · · · · · · · ·	Date:
Dear Parent/Guardian,	
This letter serves as notification that your son/daughter, in sports for the 2023-2024 school year pursuant to N.J.A.C. 6A:16-2.2.	, can/cannot participate
Please be advised that this letter reflects the determination of the school physician based to the school by the examining physician who completed and signed the Athletic Pre-Form on behalf of your son/daughter.	_
If your child is deemed unable to participate based on an incomplete form, please ensure physician completes the form and returns it to the school to be reviewed for eligibility.	that the original examining
O Participation APPROVED without limitations.	
O Participation APPROVED with limitations pending evaluation for	
O Participation NOT approved. Reason:	_
Thank you for your cooperation.	_
Sincerely,	