










2 ta' Ottubru, 2015

02/15-16

Għezież ġenituri/kustodji,

Qed nibgħat din l-ittra dwar l-użu tal-magni tal-Gym fejn hawn qed nitlobkom l-approvazzjoni tagħkom dwar liema magni intom tixtiequ li t-tifel/tifla tagħkom juża/tuża fil-Gym f'din is-sena skolastika. Kull magna li jużaw hija ta' ġid għal uliedkom izda intom tistgħu tgħinuna iżjed jekk tgħidulna liema tħossu li hu l-aħjar għal ibnek/bintek. Tistgħu timmarkaw iżjed minn kaxxa waħda. Infakkrum biex tibagħtu lit-tifel/tifla tagħkom b'*running shoes* u tnejn addattati għall-eżerċizzju sportiv fil-ġurnata li jkollhom il-PE.

<b>Treadmill –</b> Mixa / Walking <input type="checkbox"/> 	<b>Cycling Machine –</b> Rota / Cycling <input type="checkbox"/> 	<b>Crosstrainer–</b> <input type="checkbox"/> Tħaddem il-ġisem kollu 	<b>Weight Lifting–</b> Terfa' l-piż <input type="checkbox"/> 
<b>Rowing Machine –</b> Qdif <input type="checkbox"/> 	<b>Stepper –</b> <input type="checkbox"/> Taħdem qisek qed titla' tarag 	<b>AB Horse –</b> <input type="checkbox"/> Issaħħaħ il-muskoli taż-zaqq 	

Isem l-istudent/a \_\_\_\_\_

Isem u firma tal-ġenitur/kustodju  
\_\_\_\_\_

Grazzi,  
Mr.J.Vella – PE Teacher










*Creative, Innovative, Professional*

2nd October, 2015

02/15-16

Dear parents and carers,

I am sending you this letter with regards to the use of the Gym machines for this scholastic year. Therefore I kindly request your approval in order to let your child use any of the machines listed below. Every machine can help your child in different ways and your feedback will help us identify which machine is best. You may tick more than one machine. We also remind you to send your child in running shoes and adequate physical exercise clothing on the day he/she has PE.

<p><b>Treadmill –</b> <input type="checkbox"/></p> 	<p><b>Cycling Machine –</b> <input type="checkbox"/></p> 	<p><b>Crosstrainer–</b> <input type="checkbox"/></p> 	<p><b>Weight Lifting–</b> <input type="checkbox"/></p> 
<p><b>Rowing Machine –</b> <input type="checkbox"/></p> 	<p><b>Stepper –</b> <input type="checkbox"/></p> 	<p><b>AB Horse –</b> <input type="checkbox"/></p> 	

Student's Name \_\_\_\_\_

Name and signature of parent/guardian

\_\_\_\_\_

Thank you,  
 Mr.J.Vella – PE Teacher

