



J.E.M.S. Community School  
John Ericsson Middle School 126  
Magnet School for Environmental Engineering  
424 Leonard Street  
Brooklyn, New York 11222  
Tim Goettelmann

Phone: (718) 782-2527 Fax: (718) 302-2319

Kimberlea Rodney, Assistant Principal

Bruce Prescod, Community School Director

Allen Kinard, Assistant Principal

October 12, 2023

Dear Parent/ Guardian,

J.E.M.S. Community School 126 is excited to provide students with a valuable opportunity to participate on our STEAM Team after-school program. In a bi-weekly collaboration with Brooklyn Tech, we will learn and reinforce our engineering skills as we work on the future world vision project. This year, our focus is to provide a cultural exchange, empower student voice, and foster meaningful school-community relationships. We will also be working on the global friendship through space education curriculum to support our end of year trip to Space Camp at the Cosmodome in Montreal, Canada. To be eligible for the afterschool program, students must:

- Attend sessions once a week. Attend sessions once a month (Saturday)
- Meet and maintain good academic standing in all content-area classes. Students must maintain at least an 80% average in all content-area classes (such as ELA, Math, Science, and Social Studies).

The STEAM Team will meet every Wednesday from 2:45 pm to 4:45 pm and one Saturday a month from 9 am to 12 pm.

If there are any questions or further information is needed, please feel free to contact Mr. Kinard (Assistant Principal), Ms. Rodney (Assistant Principal), or Mr. Bruce Prescod (Community Schools Director) at 718-782-2527.

*I have read the above regarding the STEAM Team after-school program, and I am aware that my child will be attending the program from 2:45pm-4:45pm, Dates: October 18, 21, 25; November 1, 8, 11, 15, 22; December 6, 13, 16, 20; January 3, 10, 17, 20, 24, 31; February 7, 10, 14, 28; March 6, 13, 16, 20, 27; April 3, 6, 17; May 1, 4, 8, 15, 22, 29 and June 5, 12 2024.*

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_  
Parent's Email Address: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

**Upon dismissal:**

\_\_\_\_\_ I give my child permission to walk home on his/her own.  
\_\_\_\_\_ My child will be picked up from the school by \_\_\_\_\_

Follow us on Social Media!! @JEMS126

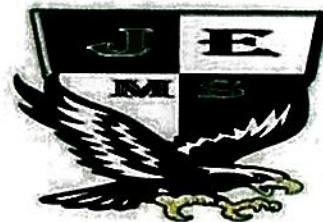




**Department of  
Education**

Chancellor David C. Banks

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**UPDATED BASKETBALL GAMES/PRACTICE PERMISSION SLIP**

**Practices have been extended by thirty minutes and we have added an additional practice day. We will be practicing every Wednesday and Thursday. Practices will not be held on days that classes are not in session.**

<b><u>PRACTICES</u></b>		<b><u>GAMES</u></b>	
<b><u>Days</u></b>	<b><u>Time</u></b>	<b><u>Date</u></b>	<b><u>Location/Time</u></b>
		<b><u>1/31/24</u></b>	<b><u>@577/3:30pm</u></b>
<b><u>Wednesdays</u></b> <b><u>Strength &amp; Conditioning</u></b>	<b><u>2:40 pm - 4:45 pm</u></b>	<b><u>2/7/24</u></b>	<b><u>@318/3:30pm</u></b>
<b><u>Thursdays</u></b>	<b><u>2:40 pm - 4:45 pm</u></b>	<b><u>2/8/24</u></b>	<b><u>126 vs 50 /4pm</u></b>
		<b><u>2/15/24</u></b>	<b><u>126 vs 577 /pm</u></b>

MY STUDENT ATHLETE : \_\_\_\_\_ of CLASS \_\_\_\_\_

Please check one of the following for **PRACTICE**.

- ☐ My student athlete will be picked up from all practices.
- ☐ My student athlete is enrolled and can be released to the BEACON program.
- ☐ My student athlete is allowed to be dismissed from M.S. 126 and allowed to walk home.

Please check one of the following for **HOME GAMES**.

- ☐ My student athlete will be picked up from all Home games.
- ☐ My student athlete is allowed to be dismissed from M.S. 126 and allowed to walk home

Please check one of the following for **AWAY GAMES**.

- ☐ My student athlete will be picked up from all Away games.
- ☐ My student athlete is allowed to be dismissed from Away game location and allowed to walk home.
- ☐ My student athlete is allowed to be dismissed from M.S. 126 and allowed to walk home.

PARENT/GUARDIAN SIGNATURE

DATE

PHONE NUMBER

\*Please see reverse side for AWAY game locations\*

Follow us on Social Media @JEMSSocials

<b><u>GAMES</u></b>	
<b><u>Date</u></b>	<b><u>Location/Time</u></b>
<b><u>2/7/24</u></b>	<b><u>@318/3:30pm</u></b>
<b><u>2/8/24</u></b>	<b><u>126/4pm</u></b>

Spectator policy- Families are allowed, any family member under the age of 18, must be accompanied by an adult

SCHOOL	ADDRESS	PHONE #
MS 582	207 Bushwick Avenue, Brooklyn, NY 11206	718-456-8218
MS 577	208 North 5 Street, Brooklyn, NY 11211	718-486-6211
IS 71	215 Heyward Street, Brooklyn, NY 11206	718-302-7900
MS 50	183 S 3rd St, Brooklyn, NY 11211	718-387-4184
LYONS	223 Graham Avenue, Brooklyn, NY 11206	718-782-0918
IS 318	101 Walton Street, Brooklyn, NY 11206	718-782-0589

# CHAMPS Sports and Fitness Program Parent Consent Form

Student's Name: \_\_\_\_\_ Class: \_\_\_\_\_  
DBN/School Name: 14K126 School Year: 20 23 - 20 24

## Activity Information

Activity Name: Soccer Season: Winter

Teacher-Coach:	Teacher-Coach Contact Information:	Activity Location(s):	Athletic Attire, Equipment, and Footwear Required:	Student will be dismissed from school:
<u>S. House</u>	<u>shouse20@schellmynj.gov</u>	<u>14K126</u>	<u>athletic attire</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Activity Start Date: \_\_\_\_\_ Activity End Date: \_\_\_\_\_

Activity Schedule					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time (am/pm):	Start Time (am/pm):	Start Time (am/pm):	Start Time (am/pm): <u>2:45</u>	Start Time (am/pm): <u>2:45</u>	Start Time (am/pm):
End Time (am/pm):	End Time (am/pm):	End Time (am/pm):	End Time (am/pm): <u>3:00</u>	End Time (am/pm): <u>5:00</u>	End Time (am/pm):

I, the parent/guardian of the student named above hereby give my permission for my child to participate in the program described above.

I understand that for any of the activities described above that take place off school grounds, my child will walk to and from the site accompanied by DOE (Department of Education) staff and will be dismissed from the school.

I understand and agree that there are risks of injury associated with the activities described above and give my permission for my child to participate in all of these activities.

I understand that my child is expected to attend all regularly scheduled sessions. I understand that the school may provide my child with equipment to be used for participating in the activities described above and that this equipment can only be used by my child for this purpose. I agree to be responsible for the return of any equipment issued by the school to my child.

I certify that my child has been seen by a medical doctor within the last year and was found able to participate in all physical activities. I agree to inform the school of any change in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed. Please indicate below any permanent or temporary medical or other condition including medication needs, or the need for visual or auditory aids, which should be known about your child.

I understand and agree that my child must comply with all DOE and applicable health and safety regulations, policies, and procedures, including mask wearing and social distancing. I understand that my child will be expected to follow guidelines designed specifically to keep them safe during physical activity and that these guidelines will be reviewed with all participants in the program.

I have been given and I have read the Concussion In Youth Sports: A Fact Sheet for Parents. I understand that if my child has a concussion, s/he will be immediately removed from play for a minimum of 24 hours and must have medical clearance before returning to play. Return to learning and to physical activity should be gradual and follow all medical directives.

I agree that in the event of injury or illness, the DOE or school staff member in charge of the program or activity may act on my behalf and at my expense in obtaining medical treatment for my child. I understand that every effort will be made to contact me prior to treatment.

I understand my child is always responsible for their behavior. I also understand that any



violation of the Discipline Code or failure to adhere to safety guidelines may result in my child's exclusion from the program.

**CONSENT TO PHOTOGRAPH, FILM OR VIDEOTAPE A STUDENT FOR A NON-PROFIT PURPOSE (E.G., EDUCATIONAL, PUBLIC SERVICE OR HEALTH AWARENESS PURPOSES):**

**CHECK ONE BOX:**

☐

I HEREBY CONSENT to the participation in interviews, the use of quotes, and the taking of photographs, movies, or video recordings of my son/daughter by the New York City Department of Education.

I also grant to the DOE the right to edit, use and reuse said photograph(s) and video recording(s), along with information about my child's performance in CHAMPS funded activities, my child's name, school and grade level, for educational, health awareness or other non-profit purposes in any media sponsored by the DOE including the use of any printed matter, or Internet distribution in conjunction therewith. Such use may include photograph(s) and video recording(s) displayed on the Office of School Wellness Programs or school website. I also hereby release the City of New York, DOE, and their agents and employees from all claims, demands, liabilities whatsoever in connection with the above photograph(s), video tape(s), and video recording(s). I agree that all photograph(s), video tape(s) and video recording(s) will remain the property of the DOE. I understand that my child will receive no compensation for his/her appearance in picture(s), video tape(s) or video recording(s). I also understand that the media may be present at various CHAMPS events and my child may be photographed or videotaped by the media.

☐

I DO NOT CONSENT on the participation in interviews, the use of quotes, and the taking of photographs, movies, or videotapes of my son/daughter by DOE, or any other CHAMPS sponsor. However, I understand that the media may be present at various CHAMPS events and my child may be photographed or videotaped by the media.

I hereby release the City of New York, the DOE and their respective employees and elected or appointed officials, from all claims and liability that arise in connection with my child's participation in the program and activities described above, except if due to the negligence of school officials.

By signing this consent form, I hereby agree to my child's participation in the activities and program described above.

Student's Name (PRINT): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Parent/Guardian (PRINT): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

In an emergency, please contact me (parent/guardian) at:

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Home: \_\_\_\_\_







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**Kimberlea Rodney, Assistant Principal**

**Allen Kinard, Assistant Principal**

Dear Parents/Guardians:

J.E.M.S. Community is excited to provide students with a valuable opportunity to participate in one of our After School Clubs. To be eligible for the afterschool program, students must:

- Attend sessions once a week.
- Meet and maintain good academic standing in all content-area classes. Students must maintain at least 70% average in all content-area classes. (such as ELA, Math, Science, and Social Studies)

**The Drama Club will meet Tuesdays from 2:45 – 4:15 PM.**

**Location: Room 203**

**Activities Include:** Teaching them how to read scripts, rehearse, and perform for a school play.

If there are any questions or further information is needed, please feel free to contact Mr. Kinard (Assistant Principal), Ms. Rodney (Assistant Principal), or Mr. Bruce Prescod (Community Schools Director) at 718-782-2527.

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I have read the above regarding the Drama Club after-school program, and I am aware that my child will be attending the program **Tuesdays from 2:45 – 4:15, Dates: November 2023 – May 2024.**

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Parent's Email Address \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Upon Dismissal:

\_\_\_\_\_ I give my child permission to walk home on his/her own.

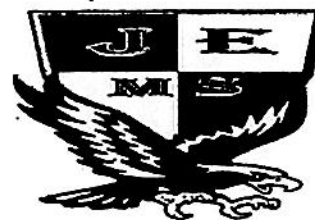
\_\_\_\_\_ My child will be picked up from the school by \_\_\_\_\_





**Department of  
Education**

Chancellor David C. Banks



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**Allen Kinard, Assistant Principal**

Dear Parents and/or Guardians of :

In an effort to best support your child this year, we are offering extended learning time after school. Your child has been identified as someone who could use this extra support in order to continue to grow this year academically. It is our goal that all students move at least one level this year and additional time in small groups with a Math and ELA teacher is key to this goal.

Students will get both supervised time to complete their homework as well as direct instruction on skills and standards they need to improve.

If your child is unable to attend these sessions after school, please return this slip with an explanation below. If you would like to talk more about your child's progress and why they will benefit from this program, please let us know.

ELT Meets:

**Wednesdays and Thursdays, from 2:45-4:15 pm**

We appreciate your support and look forward to celebrating your child's success this year.

Sincerely,

Tim Goettelmann  
Principal  
John Ericsson Middle School 126

I give my child permission to participate in ELT after school on Wednesdays and Thursdays.

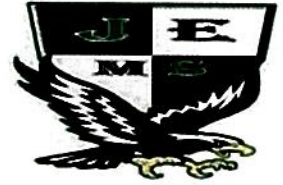
Parent Signature

Additional Comments / Questions:

Date

Follow us on Social Media @JEMSSocials





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- Attend sessions once a week.
- Meet and maintain good academic standing in all content-area classes. Students must maintain at least 70% average in all content-area classes. (such as ELA, Math, Science, and Social Studies)

**The Math Club will meet Thursdays from 2:45 – 4:15 PM.**

**Location: Room 202**

**Activities Include: SHSHAT Prep/Math League Practice.**

If there are any questions or further information is needed, please feel free to contact Mr. Kinard (Assistant Principal), Ms. Rodney (Assistant Principal), or Mr. Bruce Prescod (Community Schools Director) at 718-782-2527.

I have read the above regarding the Math Club after-school program, and I am aware that my child will be attending the program on **Thursdays from 2:45 – 4:15**, Dates: **1/25/24 – 5/30/24**.

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Parent's Email Address \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Upon Dismissal:

\_\_\_\_\_ I give my child permission to walk home on his/her own.

\_\_\_\_\_ My child will be picked up from the school by \_\_\_\_\_



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**Allen Kinard, Assistant Principal**

Dear Parents/Guardians:

J.E.M.S. The community is excited to provide students with a valuable opportunity to participate in the Running Club. Dates: 11/21, 11/28, 12/5, 12/12, 12/19, 1/2, 1/9, 1/16, 1/23, 1/30, 2/6, 2/13, 2/27

The Running Club will meet Tuesdays from 2:45 – 4:00. Location: McCarren Park, 1st drop off Bags in Room; #304

If there are any questions or further information is needed, please feel free to contact Mr. Kinard (Assistant Principal), Ms. Rodney (Assistant Principal), or Mr. Bruce Prescod (Community Schools Director) at 718-782-2527.

\_\_\_\_\_

I have read the above regarding the Running Club after-school program, and I am aware that my child will be attending the program from 2:45 – 4:00,

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Parent's Email Address \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Upon Dismissal:

\_\_\_\_\_ I give my child permission to walk home on his/her own.

\_\_\_\_\_ My child will be picked up from the school by \_\_\_\_\_

Follow us on Social Media!! @JEMS126

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Kimberlea Rodney, Assistant Principal

Bruce Prescod, Community School Director

Allen Kinard, Assistant Principal

Dear Parent/Guardian,

J.E.M.S. Community School 126 is excited to provide students with a valuable opportunity to participate in a **Community Day with The New York Liberty and Gotham FC through Powerplay.**

If any questions or further information is needed, please feel free to contact Mr. Kinard (Assistant Principal), Ms. Rodney (Assistant Principal), or Mr. Bruce Prescod (Community Schools Director) at 718-782-2527.

**About:**

***What:*** Basketball and soccer clinic with two professional New York teams! Players from both The Liberty and Gotham FC will be in attendance and students will receive free goodies/food through Powerplay.

***When:*** Saturday, January 27th @ 1:00 pm to 5:15/30 pm (*Students must arrive at JEMS 126 @ 11:30am*)

***Where:*** JHS 88 544 7th Ave, Brooklyn, NY 11215

**TRANSPORTATION:**

Ms. Hamdan and students will be traveling via public transportation *to and from*  
J.H.S. 88 - 544 7th Ave, Brooklyn, NY 11215

1. I will be *picking up* my daughter from JEMS 126 \_\_\_\_\_
2. My daughter has permission to *independently leave* JEMS126 upon arrival after the event \_\_\_\_\_

*I have read the above information regarding **Powerplay's Community Day** and I am aware that my child will be attending the above event.*

Student Name: \_\_\_\_\_

Class: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardian's Email Address: \_\_\_\_\_

Parent/Guardian's Phone #: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

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**Bruce Prescod, Community School Director**

**Allen Kinard, Assistant Principal**

Dear Parent/Guardian,

J.E.M.S. Community School 126 is excited to provide students with a valuable opportunity to participate in  
***Girl's Volleyball***

If any questions or further information is needed, please feel free to contact Mr. Kinard (Assistant Principal), Ms. Rodney (Assistant Principal), or Mr. Bruce Prescod (Community Schools Director) at 718-782-2527

**About:**

***What:*** Girls' Volleyball ft. Powerplay Social-Emotional Learning

***When:*** Fridays 2:45pm - 4:45pm

***Where:*** John Ericsson Middle School 126 Gymnasium

1. I will be ***picking up*** my daughter from JEMS 126 \_\_\_\_\_
2. My daughter has permission to ***independently leave*** JEMS126 upon arrival after the event \_\_\_\_\_

***I have read the above information regarding the JEMS126 Girls' Volleyball Team and I am aware that my child will be attending the above event.***

Student Name: \_\_\_\_\_

Class: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardian's Email Address: \_\_\_\_\_

Parent/Guardian's Phone #: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_



Department of  
Education  
Chancellor David C. Banks



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- Attend sessions once a week.
- Meet and maintain good academic standing in all content-area classes. Students must maintain at least 70% average in all content-area classes. (such as ELA, Math, Science, and Social Studies)

The GSA Club will meet Thursday from Dismissal - 4:00pm  
Location J.E.M.S. - 209  
Activities Include: Crafting, community building, possible field trip.

If there are any questions or further information is needed, please feel free to contact Mr. Kinard (Assistant Principal), Ms. Rodney (Assistant Principal), or Mr. Bruce Prescod (Community Schools Director) at 718-782-2527.

I have read the above regarding the GSA after-school program, and I am aware that my child will be attending the program from 2:45-4:00, Dates: Thursdays - 11/2/23 - 6/13/24

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Upon Dismissal:

\_\_\_\_\_ I give my child permission to walk home on his/her own.

\_\_\_\_\_ My child will be picked up from the school by \_\_\_\_\_

Follow us on Social Media!! @JEMS126







**Department of  
Education**

Chancellor Richard A. Carranza

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**Bruce Prescod, Community School Director**

**Allen Kinard, Assistant Principal**

November 22, 2023

Dear Parent(s) of \_\_\_\_\_,

Beginning Friday December 1<sup>st</sup>, 2023 the JEMS Cheerleading team will meet every Friday afternoon to practice dance and cheer routines. Practice will begin promptly after dismissal and will end at 3:45pm. Below you will find the dates.

December	1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup>
January	5 <sup>th</sup> , 12 <sup>th</sup> , 19 <sup>th</sup> , 26 <sup>th</sup>
February	9 <sup>th</sup> , 16 <sup>th</sup>
March	1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> , 22 <sup>nd</sup> ,

If you have any questions or concerns please email me at [eclaudi2@schools.nyc.gov](mailto:eclaudi2@schools.nyc.gov).

Respectfully,  
 Eliset Claudio  
 Cheerleading Coach

Please check off and return permission slip to Ms. Claudio.

Child's Name: \_\_\_\_\_ Class \_\_\_\_\_

\_\_\_\_\_ My child has permission to attend cheer practice afterschool on Fridays from (2:45pm-3:45pm) and will go home alone.

\_\_\_\_\_ My child has permission to attend cheer practice afterschool on Fridays from (2:45pm-3:45pm) and will be picked up by \_\_\_\_\_.

\_\_\_\_\_ My child has permission to attend cheer practice afterschool on Fridays from (2:45pm-3:45pm) and will be escorted to the Afterschool Beacon Program.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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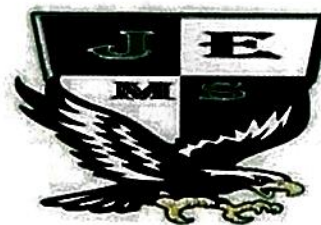




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Allen Kinard, Assistant Principal

## **Baseball & Softball Offseason Training**

<b><u>PRACTICES</u></b>	
<b><u>Days</u></b>	<b><u>Time</u></b>
<b><u>Thursdays</u></b>	<b><u>2:40 pm - 4:40 pm</u></b>

**\*Practices will not be held on days that classes  
are not in session.**

MY STUDENT ATHLETE : \_\_\_\_\_ of CLASS \_\_\_\_\_,

Please check one of the following for **PRACTICE**.

- ☐ My student athlete will be picked up from all practices.
- ☐ My student athlete is enrolled and can be released to the BEACON program.
- ☐ My student athlete is allowed to be dismissed from M.S. 126 and allowed to walk home.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NUMBER



Follow us on Social Media @JEMSSocials