



To be completed by TAAG staff:			
School ID: _____			
Form Code: MBS	Version: A	Series #: ____	Seq #: 001

P.E. Bell Schedule Form

Record the bell schedule for a given school, and indicate the days the schedule is effective. Only report periods in which TAAG girls may be in P.E. class and only periods that are consistent across all girls in the 8th grade. Do not report homeroom and lunch periods. Use letters to indicate a 2-digit class period (e.g., 10=A, 11=B, 12=C, etc.).

Bell Schedule 1

<u>1. Days Schedule</u>	<u>2. School Start</u>	<u>3. School End</u>	<u>4. Class</u>	<u>5. Start Time</u>	<u>6. End Time</u>
<u>Effective</u>	<u>Time</u>	<u>Time</u>	<u>Period</u>		
<i>(check all that apply)</i>					
a. <input type="checkbox"/> Monday	____:____	____:____	_____	____:____	____:____
b. <input type="checkbox"/> Tuesday			_____	____:____	____:____
c. <input type="checkbox"/> Wednesday			_____	____:____	____:____
d. <input type="checkbox"/> Thursday			_____	____:____	____:____
e. <input type="checkbox"/> Friday			_____	____:____	____:____
			_____	____:____	____:____
			_____	____:____	____:____
			_____	____:____	____:____
			_____	____:____	____:____
			_____	____:____	____:____
			_____	____:____	____:____
			_____	____:____	____:____
			_____	____:____	____:____

Bell Schedule 2

7. <u>Days Schedule</u> <u>Effective</u> (check all that apply)	8. <u>School Start</u> <u>Time</u>	9. <u>School End</u> <u>Time</u>	10. <u>Class</u> <u>Period</u>	11. <u>Start Time</u>	12. <u>End Time</u>
a. <input type="checkbox"/> Monday	____:____	____:____	____	____:____	____:____
b. <input type="checkbox"/> Tuesday			____	____:____	____:____
c. <input type="checkbox"/> Wednesday			____	____:____	____:____
d. <input type="checkbox"/> Thursday			____	____:____	____:____
e. <input type="checkbox"/> Friday			____	____:____	____:____
			____	____:____	____:____
			____	____:____	____:____
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			____	____:____	____:____
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			____	____:____	____:____
			____	____:____	____:____
			____	____:____	____:____
			____	____:____	____:____

Bell Schedule 3

13. <u>Days Schedule</u> <u>Effective</u> (check all that apply)	14. <u>School Start</u> <u>Time</u>	15. <u>School End</u> <u>Time</u>	16. <u>Class</u> <u>Period</u>	17. <u>Start Time</u>	18. <u>End Time</u>
a. <input type="checkbox"/> Monday	____:____	____:____	____	____:____	____:____
b. <input type="checkbox"/> Tuesday			____	____:____	____:____
c. <input type="checkbox"/> Wednesday			____	____:____	____:____
d. <input type="checkbox"/> Thursday			____	____:____	____:____
e. <input type="checkbox"/> Friday			____	____:____	____:____
			____	____:____	____:____
			____	____:____	____:____
			____	____:____	____:____
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			____	____:____	____:____
			____	____:____	____:____
			____	____:____	____:____
			____	____:____	____:____

Bell Schedule 4

19. <u>Days Schedule</u> <u>Effective</u> (check all that apply)	20. <u>School Start</u> <u>Time</u>	21. <u>School End</u> <u>Time</u>	22. <u>Class</u> <u>Period</u>	23. <u>Start Time</u>	24. <u>End Time</u>
a. <input type="checkbox"/> Monday	____:____	____:____	____	____:____	____:____
b. <input type="checkbox"/> Tuesday			____	____:____	____:____
c. <input type="checkbox"/> Wednesday			____	____:____	____:____
d. <input type="checkbox"/> Thursday			____	____:____	____:____
e. <input type="checkbox"/> Friday			____	____:____	____:____
			____	____:____	____:____
			____	____:____	____:____
			____	____:____	____:____
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			____	____:____	____:____
			____	____:____	____:____
			____	____:____	____:____
			____	____:____	____:____
			____	____:____	____:____

Bell Schedule 5

25. <u>Days Schedule</u> <u>Effective</u> (check all that apply)	26. <u>School Start</u> <u>Time</u>	27. <u>School End</u> <u>Time</u>	28. <u>Class</u> <u>Period</u>	29. <u>Start Time</u>	30. <u>End Time</u>
a. <input type="checkbox"/> Monday	____:____	____:____	____	____:____	____:____
b. <input type="checkbox"/> Tuesday			____	____:____	____:____
c. <input type="checkbox"/> Wednesday			____	____:____	____:____
d. <input type="checkbox"/> Thursday			____	____:____	____:____
e. <input type="checkbox"/> Friday			____	____:____	____:____
			____	____:____	____:____
			____	____:____	____:____
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			____	____:____	____:____