

IRWIN ALTMAN MIDDLE SCHOOL 172

81-14 257 Street

Floral Park, New York 11004

718 831-4000 FAX: (718) 831-4008

Dr. Paul DeSimone, Principal



Ms. Kristin Devine, Assistant Principal

Mr. Myles Nash, Assistant Principal

Ms. Maritza Soto, Assistant Principal

CONGRATULATIONS!!!

Congratulations on making the 2024 MS 172 COED Soccer Team. Your acceptance on the team was recognized through the hard work you put into the tryout. Uniforms will be provided to players. It is their responsibility to return the uniforms at the end of the season. Failure to return the uniform will result in a charge of \$50.

We will be practicing directly after school from 2:20 PM to 3:20 PM. (SEE ATTACHED SCHEDULE)
PLEASE WEAR SNEAKERS/INDOOR SOCCER SHOES AND SHIN GUARDS.

ALL GAMES WILL BE HELD AT LITTLE BAY PARK, BAY TERRACE WITH A 3:15 PM START TIME.
(SEE ATTACHED SCHEDULE)

YOUR CHILD MUST WEAR THEIR OWN SHIN GUARDS AND CLEATS FOR GAMES.

****We are in the process of looking into transportation to the soccer games. If you could please let me know at the bottom of the permission slip if you plan to take your child to and from the soccer games, that would help in the planning process****

Please be advised that parents/guardians are responsible for their child's transportation home after all soccer games and practices. Your child will be dismissed on his/her own at the end of the soccer games and practices. Please make arrangements ahead of time in regard to whether or not they take city transportation, walking or being picked up. If your child needs an OMNY Card, please let me know. If you have any questions or concerns please contact me at 718-831-4000 or jnoto3@schools.nyc.gov

Very excited to start the COED soccer season at MS 172. Congratulations again!

Sincerely,

Ms. Noto

Soccer Coach

Please give this permission slip to Ms. Noto during the first soccer practice.

Place a check mark below on how your child will be getting home after the soccer games/practices.

Taking public transportation: _____

Walking: _____

Being Picked Up: _____

Child's Name: _____ Class: _____ Date: _____

Parental/Guardian Name: _____ Date: _____

Parental/Guardian Signature: _____ Date: _____

Parental/ Guardian Contact Telephone #: _____

** I will be driving my child TO AND FROM the soccer games. _____ YES
_____ NO

PRACTICE/GAME SCHEDULE
ALL GAMES WILL BE AT LITTLE BAY PARK, BAY TERRACE
SEPTEMBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18 PRACTICE 2:20 - 3:20 PM	19 PRACTICE 2:20 - 3:20 PM	20 PRACTICE 2:20 - 3:20 PM	21
22	23	24	25 GAME 67 v. 172 FIELD # 1	26 PRACTICE 2:20 - 3:20 PM	27 GAME 158 v. 172 FIELD # 2	28
29	30					

OCTOBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2 PRACTICE 2:20 - 3:20 PM	3 NO SCHOOL	4 NO SCHOOL	5
6	7	8	9 GAME 172 V. 74 FIELD # 2	10 PRACTICE 2:20 - 3:20 PM	11 PRACTICE 2:20 - 3:20 PM	12
13	14 NO SCHOOL	15 GAME 158 V. 172 FIELD # 2	16 GAME 172 V. 216 FIELD # 2	17 PRACTICE 2:20 - 3:20 PM	18 PRACTICE 2:20 - 3:20 PM	19
20	21	22 GAME 67 V. 172 FIELD # 2	23 PRACTICE 2:20 - 3:20 PM	24 GAME 172 V. 216 FIELD # 2	25 PRACTICE 2:20 - 3:20 PM	26
27	28	29 GAME 172 V. 74 FIELD # 2	30 PRACTICE 2:20 - 3:20 PM	31 NO PRACTICE HAPPY HALLOWEEN		

NOVEMBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 NO SCHOOL	2
3	4 PLAYOFF GAME	5	6 PRACTICE 2:20 - 3:20 PM	7 PRACTICE 2:20 - 3:20 PM	8 PLAYOFF GAME	9
10	11	12	13 CHAMPIONSHIP GAME	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30