

ROUND ROCK INDEPENDENT SCHOOL DISTRICT
OFF-CAMPUS PHYSICAL EDUCATION PROGRAM
2010-11 STUDENT APPLICATION

Applicant Name	Student ID	Current Campus & Grade Level	Next year Campus & Grade Level

Student Name		Gender	
Street Address			
City		Zip Code	
Home Phone		Alt. Phone	
Activity/ Sport		Agency	
Student Signature			

Off-Campus Physical Education (OCPE) is available to students in grades 9-12. The **OCPE RRISD** Program is an approved physical education substitution to meet high school physical education requirements set by the Texas Education Agency state policy. Each student application request for P.E. substitution will be considered for graduation credit according to the Texas Education Agency Commissioner’s criteria for Category 1 and Category 2.

The **OCPE** program does require that the student **may not** be enrolled in another physical education class or athletics while participating in the Off-Campus Physical Education Program. The applicant must be involved in a program that exceeds the current activity programs offered within the school district and the agency in which the applicant is seeking credit must be listed on the current approved agency list for Round Rock ISD.

PART 1: CAMPUS COUNSELOR PERMISSION TO PARTICIPATE

9th grade applicants must have permission to apply from their middle school counselor designated by the signature below.
 10th, 11th and 12th grade applicants must have permission to apply from their high school counselor designated by the signature below.

The above mentioned applicant is approved to seek physical credit through the RRISD OCPE program. This applicant has not previously earned the maximum of one and half (1.5) physical education credits towards high school graduation.

Campus Counselor - Printed Name	Campus Counselor - Signature	Date

PART 2: PARENT PERMISSION TO PARTICIPATE and STUDENT INFORMATION :

Parent: I have carefully read the guidelines for the Off-Campus Physical Education Program and I agree to comply with those regulations. I hereby release the Round Rock Independent School District, its employees, agents, and the Board of Trustees, from all claims of liability in any way attributable to this program, including all travel to, from, and during the program. I also understand that all liability in case of accident or hospitalization is the responsibility of the parent or of the private or commercial school. The Round Rock Independent School District is not responsible for accident or hospitalization insurance. I understand that the Round Rock Independent School District has no control over the daily activities of the program, quality of the program, or qualification of the instructor in the program.

My son/daughter has permission to participate in the Round Rock ISD Off-Campus Physical Education Program for the 2010-11 school year in the above mentioned selected program.

Parent or Guardian – Printed Name	Parent or Guardian - Signature	Date

ROUND ROCK INDEPENDENT SCHOOL DISTRICT
OFF-CAMPUS PHYSICAL EDUCATION PROGRAM
2010-11 STUDENT APPLICATION

PART 3: TENTATIVE SCHEDULE TO BE COMPLETED BY THE INSTRUCTOR OR AGENCY

Student Name	Campus	Sport/Activity

Facility and/or Agency Name			
Owner's Name			
Address			
City	Zip	Phone	

The student must participate in his/her activity, under professional supervision in a practice or rehearsal situation. Competition or performance hours **may not** serve towards the required weekly minimum.

Category 1 - minimum of **15 hours** each week to qualify for a release period from the academic day.

Category 1 – minimum of **10 hour** each week without being released from any period during the academic day.

Category 2 – minimum of **5 hours** per week and it does not allow for release time during the school day.

	BEGIN TIME	END TIME	TOTAL HOURS
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
			Week hours:

As a qualified professional instructor, your signature verifies the above schedule and the adherence of the student to this schedule.

Total Number of hours proposed per week	
Signature of Instructor	
Instructor Printed Name	
Email	
Phone	

FOR DISTRICT USE ONLY

DATE RECEIVED	
RECEIVED BY	
APPROVED OR DENIED	
Category I or II	
SIGNED	

NOTES: