

Irving Independent School District
**OFF-CAMPUS PHYSICAL EDUCATION
APPLICATION**

TO BE COMPLETED BY STUDENT:

NAME _____ SCHOOL _____

PARENT(S) / GUARDIAN(S): _____

SEX: MALE _____ FEMALE _____ GRADE LEVEL _____

ADDRESS _____ COUNSELOR _____

CITY/STATE/ZIP _____ TELEPHONE _____

ACTIVITY _____

Signature of Parent/Guardian

STUDENT MUST ALSO COMPLETE THE REVERSE SIDE.

TO BE COMPLETED BY THE OFF-CAMPUS AGENCY:

NAME OF AGENCY OR FACILITY:

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE _____ INSTRUCTOR (Please print) _____

1. Will the student's program meet the time requirements as specified in the Irving ISD Off-Campus Physical Education guidelines? _____
2. Upon approval, will the agency agree to provide the off-campus physical education staff in accurate absentee report and a recommended grade for the student each six weeks? _____
3. Will the program be open for regular visitation by school officials? _____
4. Will the program provide adult supervision at all times: _____

Signature of Instructor

TO BE COMPLETED BY SCHOOL OFFICIALS:

The student is taking this course for physical education credit and he/she **will not** be enrolled in another physical education class or athletics for credit while participating in the Off-Campus Physical Education Program. The student may not transfer from athletics or another physical education class into off-campus physical education during the semester.

COUNSELOR _____ DATE _____ PRINCIPAL _____

OFF-CAMPUS PHY. ED. COORDINATOR _____ DATE _____

NOTE: IN ORDER FOR THIS APPLICATION TO BE CONSIDERED FOR ANY SEMESTER, IT MUST BE RETURNED TO THE COUNSELOR NO LATER THAN THE FIRST WEEK OF THAT SEMESTER.

TO BE COMPLETED BY THE STUDENT:

In order for this application to be considered, all of the following information must be provided.

Check the appropriate response:

1. I am applying for admission into Off-Campus Physical Education for the:

_____ FALL SEMESTER SCHOOL YEAR _____

_____ SPRING SEMESTER SCHOOL YEAR _____

_____ BOTH SEMESTERS SCHOOL YEAR _____

TENTATIVE SCHEDULE:

The student must participate in his/her activity, under professional supervision, a minimum of fifteen hours each week. The required fifteen hours each week must be spread over at least four days and include at least ninety minutes of instruction by the approved instructor. At least five of the required hours each week must be completed Monday through Friday. A maximum of two of the fifteen required hours each may be accounted for in competitive meets/tournaments.

Indicate the beginning time, ending time, and the nature of activity.

| | BEGINNING TIME | ENDING TIME | ACTIVITY |
|-----------|-----------------------|--------------------|-----------------|
| MONDAY | _____ | _____ | _____ |
| TUESDAY | _____ | _____ | _____ |
| WEDNESDAY | _____ | _____ | _____ |
| THURSDAY | _____ | _____ | _____ |
| FRIDAY | _____ | _____ | _____ |
| SATURDAY | _____ | _____ | _____ |
| SUNDAY | _____ | _____ | _____ |

If you have questions or problems in completing this application form, please contact the off-campus physical education coordinator, Sandi Cravens, 972-215-5043.