

**Coppell Independent School District**  
**– HIGH SCHOOL –**  
**OFF-CAMPUS PHYSICAL EDUCATION APPLICATION**

*TO BE COMPLETED BY: The student and his/her parents*

*In order for this application to be considered for any semester, it must be completed and returned to the District Liaison no later than August 17<sup>th</sup> (fall semester) or January 4<sup>th</sup> (spring semester) of the semester being considered.*

**PRINT CLEARLY OR TYPE**

<b>STUDENT'S NAME:</b>	
<i>Grade (circle one)            9            10            11            12</i>	
<i>Sex (circle)            Male            Female</i>	<i>Student ID #</i>
<b>PARENT/GUARDIAN'S NAME:</b>	
<i>Home Telephone #</i>	<i>Work Telephone #</i>
<i>Cell Telephone #</i>	<i>Email Address</i>
<b>COUNSELOR'S NAME:</b>	
<i>Telephone #</i>	<i>Email Address</i>
<b>DISTRICT LIAISON'S NAME:</b>	
<i>Telephone #</i>	<i>Email Address</i>
<b>NAME OF OFF-CAMPUS FACILITY:</b>	
<i>Type of Activity</i>	<i>Category (circle)            I   /   II</i>
<i>Address</i>	<i>City/Zipcode</i>
<i>Telephone #</i>	<i>Email Address</i>
<b>INSTRUCTOR'S NAME:</b>	
<i>Telephone #</i>	<i>Email Address</i>

**Coppell Independent School District**

**– HIGH SCHOOL –  
OFF-CAMPUS PHYSICAL EDUCATION PERMISSION FORM**

***TO BE COMPLETED BY: The student and his/her parents***

In order for this application to be considered for any semester, it must be completed and returned to the District Liaison *no later than August 17<sup>th</sup> (fall semester) or January 4<sup>th</sup> (spring semester) of the semester being considered.*

**PARENT/STUDENT PERMISSION**

I have carefully read the guidelines for the Off-Campus Physical Education (OCPE) Program and I agree to comply with those regulations. I hereby release the Coppell Independent School District (CISD), its agents and its Board of Trustees from all claims or 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 facility. The CISD has no control over the daily activities of the program, quality of the program, or the qualifications of the instructor in the program.

My son/daughter (*name*) \_\_\_\_\_ has

permission to participate in the CISD OCPE Program for

(*activity*) \_\_\_\_\_ at

(*Off-Campus Facility*) \_\_\_\_\_ as

a (*circle one*) CATEGORY I / CATEGORY II student.

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

Student's Signature/Date \_\_\_\_\_

# Coppell Independent School District

## – HIGH SCHOOL – OFF-CAMPUS PHYSICAL EDUCATION INSTRUCTOR AGREEMENT AND ACTIVITY SCHEDULE

The following schedule must be completed and signed by the instructor before the application will be considered. The instructor/facility should notify the OCPE District Liaison if a change occurs in the number of hours the student is participating.

**TO BE COMPLETED BY:     *The OCPE Instructor***

It is my understanding (*name of student*) \_\_\_\_\_ is applying for an off-campus physical education waiver and the student must participate in his/her activity, under professional supervision, a minimum of 15 hours each week for **CATEGORY I** activities or a minimum of five hours each week for **CATEGORY II** activities. All activities must be completed at a single (one) approved agency. The records concerning daily attendance, grades, records of competition, etc. must be completed and returned to the OCPE District Liaison on appropriate dates. These will be specified by the district. The above-named student is scheduled to participate in a physical education program meeting this requirement as designated below:

	BEGINNING TIME	ENDING TIME	ACTIVITY	TOTAL TIME
<b>MONDAY</b>				
<b>TUESDAY</b>				
<b>WEDNESDAY</b>				
<b>THURSDAY</b>				
<b>FRIDAY</b>				
<b>SATURDAY</b>				
<b>SUNDAY</b>				

**TOTAL AMOUNT OF TIME** \_\_\_\_\_

As the instructor in this program, I am aware of the emphasis placed on meeting program objectives, grading based on performance, and consistent attendance established CISD. I understand the problems inherent in a program such as OCPE and as a result, recognize the importance of maintaining program integrity and record keeping. Therefore, I will support the following conditions as the off-campus instructor in this program:

1. I will provide copies of my credentials to the OCPE District Liaison and attach the copies to this form.
2. I will submit a written outline of program objectives and activities and attach the outline to this form.
3. I agree to keep an accurate record of student attendance on the form provided by the district and return this form to the OCPE District Liaison at the conclusion of each grading period.
4. I will forward a numerical grade based on student performance and a citizenship grade.
5. I agree to contact the OCPE District Liaison if the student's attendance becomes irregular, or is no longer enrolled in the program.
6. I agree to release student on designated Fitnessgram administration date.

I understand that I am accountable to the CISD for the participation of each student in off-campus physical education. I will make every effort to cooperate with the district. As a qualified instructor, my signature verifies the above schedule and recommends this student for participation in the program.

\_\_\_\_\_  
(Instructor's Signature)

\_\_\_\_\_  
(Date)

Coppell Independent School District

**- HIGH SCHOOL -  
OFF-CAMPUS PHYSICAL EDUCATION APPLICATION  
COMMITTEE REVIEW**

*TO BE COMPLETED BY: OCPE District Liaison, Student's Assistant, Principal, the Director of Secondary Education, and/or the Asst. Supt. for Administration*

Name: \_\_\_\_\_ Campus: \_\_\_\_\_

*This request for Off-Campus Physical Education is*  Complete  Incomplete

\_\_\_\_\_  
*District Liaison* \_\_\_\_\_  
*Date*

*This request for Off-Campus Physical Education is*  Approved  Not Approved

\_\_\_\_\_  
*Student's Assistant Principal* \_\_\_\_\_  
*Date*

**CATEGORY II:** **COMPLETE AT THIS POINT.** Return entire application packet to OCPE District Liaison.  
**CATEGORY I:** Send application packet to the Director for Secondary Curriculum for consideration.

*This request for Off-Campus Physical Education is*  Approved  Not Approved

\_\_\_\_\_  
*Director of Secondary Education or Designee* \_\_\_\_\_  
*Date*

*This request for Off-Campus Physical Education is*  Approved  Not Approved

\_\_\_\_\_  
*Assistant Superintendent for Administration or Designee* \_\_\_\_\_  
*Date*