

**FRISCO INDEPENDENT SCHOOL DISTRICT
OFF-CAMPUS PHYSICAL EDUCATION APPLICATION
2009-2010**

ATTENTION: Only students involved in the activities of **ART SKATING, BALLET, EQUESTRIAN, FENCING, GYMNASTICS, ICE HOCKEY, ICE SKATING, MARTIAL ARTS, SWIMMING, TENNIS, TRACK CYCLING, LACROSSE, ROCK CLIMBING, AND MIDDLE SCHOOL GOLF** will be considered for participation. In order for this application to be considered for any semester, it *must be completed* and returned to **Sally Turner, 7075 Hickory Street, Frisco, TX 75034** along with the correct participation fee no later than the end of the **SECOND** week of the semester being considered.

TO BE COMPLETED BY STUDENT (PLEASE PRINT and leave nothing blank).

NAME _____

SCHOOL _____ 2009-2010

COUNSELOR _____ 2009-2010 Phone extension: _____

SEX: M _____ F _____ Grade _____ 2009-2010

STUDENT ID # (REQUIRED ITEM) _____ 2009-2010

PARENT/GUARDIAN _____

STREET ADDRESS _____

CITY _____ STATE TX ZIP _____

TELEPHONE _____ EMAIL: _____

ACTIVITY/SPORT _____

I am applying for Off-Campus PE: Semester 1 _____ Semester 2 _____ Both Semesters _____

CATEGORY 1 (15 HRS/WK) _____

Circle One: I want my schedule to reflect OCPE class: Circle A.M. or P.M.

CATEGORY 2 (MUST REMAIN ON CAMPUS- 10 HRS/WK) _____

NAME OF FACILITY /PRACTICE FIELD/CLUB _____

TELEPHONE _____

ADDRESS _____ CITY _____ ZIP _____

INSTRUCTOR'S NAME (Please Print) _____

INSTRUCTOR'S EMAIL ADDRESS _____ FAX: _____

HOME: _____ CELL PHONE _____

PHONE NUMBER MUST BE INCLUDED WHERE INSTRUCTOR CAN BE REACHED FOR GRADES/ATTENDANCE.

TO BE COMPLETED BY SCHOOL OFFICIAL

The purpose of the Off-Campus Physical Education Program is to accommodate students who are making a serious effort to develop high-level capabilities and to allow them to be involved in a program that provides training exceeding that offered in the school district. This student is taking this course for physical education credit and he/she may not be enrolled in another physical education class or athletics while participating in the Off-Campus Physical Education Program. Students participating in this program may receive a maximum of one half credit per semester. One and a half credits of Physical Education are required to graduate. If this student has previously earned a maximum of two credits of physical education, he/she may still enroll in the Frisco ISD Off-Campus Physical Education Program but receive **NO CREDIT** toward state high school graduation requirements.

COUNSELOR : _____ PHONE/EXT: _____

DATE _____

FOR DISTRICT USE ONLY

Date received _____ CATEGORY _____

Received by _____ HOURS _____

Fee: _____ Amt. Paid: _____ Ck #/Cash _____ Deposit Date: _____

Counselor Notification: _____

Approval _____

Revised 04/24/2009

TO BE COMPLETED BY PARENT AND STUDENT:

PARENT PERMISSION

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 Frisco Independent School District, its employees, 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 school. The Frisco Independent School District is not responsible for accident or hospitalization insurance. I understand that the Frisco 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 Off-Campus Physical Education Program for _____ at _____

Name of Sport/Activity Facility/Practice Field/Club

Parent/Guardian Signature _____

Date _____

Student Signature _____

Date _____

THE ENROLLMENT FEE OF \$125.00 PER SEMESTER IS IN EFFECT EACH SEMESTER UNLESS A SINGLE PAYMENT OF \$200.00 IS MADE FOR BOTH SEMESTERS AT THE BEGINNING OF THE YEAR. IF A STUDENT DROPS OCPE, A NONREFUNDABLE \$50.00 FEE will be subtracted from your original payment for one /both semesters in the event of a refund. **NO STUDENT WILL BE ENROLLED WITHOUT PAYMENT.**

CHECKS ARE TO BE MADE PAYABLE TO: FRISCO ISD.

Mail completed application and fee (if by check) to Sally Turner, Facilitator of Special Projects, Frisco ISD, 7075 Hickory Street, Frisco, TX 75034.

TENTATIVE SCHEDULE - TO BE COMPLETED AND SIGNED BY THE INSTRUCTOR

The student must participate in his/her activity, **under professional supervision, a minimum of 10 hours each week for Category 2 (cannot leave campus) OR a minimum of 15 hours for Category 1 (can leave campus one class period early) at one approved agency.** The record concerning daily attendance, grades, etc. must be completed and returned to the campus on the appropriate dates. Student participation is required a minimum of four (4) days during the week (Monday through Friday) plus one (1) additional day that may fall on either the weekend or during the week for a total of five (5) days per week.

TEAM NAME/TEAM #, if applicable _____

	Beginning Time	Ending Time	Site Location/Address
MONDAY	_____	_____	_____
TUESDAY	_____	_____	_____
WEDNESDAY	_____	_____	_____
THURSDAY	_____	_____	_____
FRIDAY	_____	_____	_____
SATURDAY	_____	_____	_____
SUNDAY	_____	_____	_____

UNANNOUNCED SITE VISIT CHECKS WILL BE MADE PERIODICALLY EACH SEMESTER .

The following schedule must be completed, signed/dated by the instructor before the application will be processed.

The student/instructor should notify Sally Turner at 469-633-6971 or by email turners@friscoisd.org , if a change occurs in the student’s practice schedule or facility. Any change to a schedule should be by Monday of the week it changes to eliminate unnecessary and costly site visits. As a qualified professional instructor, your signature verifies the above schedule and the adherence of the athlete to this schedule.

THIS APPLICATION IS INVALID WITHOUT THE INSTRUCTOR’S SIGNATURE AND DATE.

INSTRUCTOR SIGNATURE _____

DATE _____