



Student Hours Verification Form | 2026–2027

Student Information

Student Name: _____

Student ID Number: _____

Date: _____

Weekly Attendance Log

Day	Beginning Time	Ending Time	Site Location
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

Total Hours: _____

Instructor Agreement & Responsibilities

As a certified instructor, I understand the expectations of the Off Campus Physical Education (OCPE) program and agree to the following:

- I will maintain accurate records of student attendance
 - I will submit grade recommendations each grading period based on effort, performance, and attendance
 - I will provide professional instruction and appropriate supervision to the student
 - I acknowledge that unannounced site visits may occur each semester
 - I understand that OCPE is a partnership with Frisco ISD and requires accountability for student participation
 - I agree to uphold program integrity and cooperate with all Frisco ISD procedures

 - I will notify the OCPE facilitator if:
 - Attendance becomes irregular
 - The student is injured
 - The student quits or is removed from the program
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Instructor Information

Printed Name: _____

Email Address: _____

Cell Phone: _____

Signature: _____

Verification Statement:

As a qualified professional instructor, my signature verifies the accuracy of this schedule and the student's adherence to the outlined program.

THIS APPLICATION WILL BE INVALID IF NOT FULLY COMPLETED. 26/27