

Wichita Falls ISD Off-Campus Physical Education Credit

The Wichita Falls Independent School District will grant physical education credit in grades 7-8 for those enrolled in off-campus facilities. A maximum of two units of state credit will be granted for students in grades 9-12. Students will NOT receive grade points for off-campus classes.

Students applying for off-campus physical education must meet the requirements set by the Texas Education Agency for a Category I or Category II waiver. Approval must be obtained for the WFISD Superintendent or designee prior to participating in the off-campus physical education program.

Category I: Olympic-level participation and/or competition includes a minimum of 15 hours per week of highly intense, professional, supervised training. The training facility, instructors and the activities involved in the program must be certified by the superintendent to be of exceptional quality. Students qualifying and participating at this level may be dismissed from school one hour per day.

Category II: Private or commercially-sponsored physical activities include those certified by the superintendent to be of high quality and well supervised by appropriately qualified instructors. Student participation of at least five hours per week is required. Students certified to participate at this level may not be dismissed from any part of the regular school day.

Grades will be determined by the instructor/coach of the program. It is the responsibility of the parent and instructor to submit grades at the end of each grading period to ensure credit is awarded to the student.

Application and Agreement
for
Off-Campus Physical Education Waiver for Commercial Establishments

Commercial Establishment Name: _____
 Address: _____
 Phone: _____
 Email: _____
 Owner/Manager: _____
 Physical Education Activity: _____
 Request for (student's name): _____
 Grade: _____ School: _____

After reading the Texas Education Agency Guidelines established for Category II programs, this off-campus physical education program meets the requirements. This program has been located at this address for _____ years.

Fall Semester Dates of Service From ____ to ____	Hours of Service Provided	Spring Semester Dates of Service From ____ to ____	Hours of Service Provided
Monday	From ____ to ____	Monday	From ____ to ____
Tuesday	From ____ to ____	Tuesday	From ____ to ____
Wednesday	From ____ to ____	Wednesday	From ____ to ____
Thursday	From ____ to ____	Thursday	From ____ to ____
Friday	From ____ to ____	Friday	From ____ to ____
Saturday	From ____ to ____	Saturday	From ____ to ____
Sunday	From ____ to ____	Sunday	From ____ to ____

Name of Instructor/coach: _____
 Qualifications: _____
 (attach certification document or resume)

I understand that it is the responsibility of this commercial establishment to maintain the physical education programs as described above and to provide the WFISD with all necessary information regarding the program. Any changes in the program, the student's enrollment, and/or attendance must be provided to WFISD within two weeks of said changes or the commercial establishment will be dropped from the approved list.

Signature: _____

Date: _____

Off-Campus Physical Education Permission Form

This will serve as my request that the Wichita Falls Independent School District grant physical education credit for the (Fall) (Spring) semester(s) of the 20__-20__ school year to my student (print name) _____, currently enrolled in grade _____ at _____ (school name). My student's campus counselor is _____ (print name).

My child will be meeting the state and local requirements for physical education at the following commercial establishment.

Name of establishment: _____
Address: _____
Telephone: _____ Email: _____

My child's instructor will be _____, and he/she is aware of this request. I understand that my high school student may receive up to two credits on the basis of one-half credit per semester and that this facility will satisfy the Texas Education Agency requirement for physical education instruction or they may be used for local elective credit. Middle School requirements may also be met through participation in approved off-campus programs. Grades will be determined by the instructor/coach. I have been informed that if for any reason my child does not complete the entire semester, he/she **will not** receive any credit unless he/she enrolls in an on-campus PE class within 2 weeks of dropping the off-campus class. Furthermore, I acknowledge that the Wichita Falls ISD will not provide transportation to or from the establishment. They do not endorse any commercial training program, and the approval of this application does not constitute any assurance as to the qualifications of the instructors or to the quality and safety of the equipment and facilities.

The undersigned parent or legally appointed and qualified guardian of _____, a student in the Wichita Falls ISD, does hereby consent to said student participation in this commercial training program. I furthermore agree to hold the Wichita Falls ISD, its Board of Trustees, administration, and/or faculty, harmless from all liability for any injuries which said student may receive while participating in this program, or while traveling to and from such program. I also understand that if my child is excused from the first period of the day, arrival time on campus should not occur more than ten minutes prior to the second period bell; furthermore if the child is excused the last period of the day, departure time should be not later than ten minutes after the tardy bell for the last period class.

Parent Name Printed: _____

Parent Address: _____

Parent Phone # _____ Parent email _____

Parent Signature; _____

Total # of Sessions _____ Total time (hours) _____

Signature of Instructor _____

Assigned Grade _____ Citizenship Grade _____

Facility/Coach must assign each student a number grade each grading period.

Citizenship grades will be documented using a letter grade.

(A=90, B=80, C=75-79, D= 70-74, F= below 70)

For grading period beginning on _____ and ending on _____

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