

Application for Off-Campus Physical Education Waiver

COMMERCIAL ESTABLISHMENT

Commercial Establishment: _____
Address: _____
_____ Zip _____
Phone: () _____ FAX: () _____
Owner or Manager: _____
Physical Education Activity: _____
Request for: _____ (Student's Name)
Grade: _____ School: _____

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

Fall Semester Dates

from / / to / / .

Monday, from _____ am/pm to _____ am/pm

Tuesday, from _____ am/pm to _____ am/pm

Wednesday, from _____ am/pm to _____ am/pm

Thursday, from _____ am/pm to _____ am/pm

Friday, from _____ am/pm to _____ am/pm

Saturday, from _____ am/pm to _____ am/pm

Sunday, from _____ am/pm to _____ am/pm

Spring Semester Dates

from / / to / / .

Monday, from _____ am/pm to _____ am/pm

Tuesday, from _____ am/pm to _____ am/pm

Wednesday, from _____ am/pm to _____ am/pm

Thursday, from _____ am/pm to _____ am/pm

Friday, from _____ am/pm to _____ am/pm

Saturday, from _____ am/pm to _____ am/pm

Sunday, from _____ am/pm to _____ am/pm

Instruction for enrolled student is provided by:

Instructor/coach: _____ Qualifications: _____

(Attach any certification documentation)

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

Signature: _____ Date: _____