

**BOERNE INDEPENDENT SCHOOL DISTRICT
OFF-CAMPUS PHYSICAL EDUCATION APPLICATION
SCHOOL YEAR 2021-2022**

PLEASE PRINT – BLACK INK ONLY

To be completed by the student:

Name: _____

School: _____ Grade: _____ Counselor: _____

Parent/Guardian Name: _____

Address: _____

City, State, Zip: _____

Phone No.: _____ Male: _____ Female: _____

As a participant of the Off-Campus Physical Education Program, you agree to indemnify and hold the School and Boerne Independent School District harmless from any and all claims which may be brought against the school or the District, or any employee, trustee or agent thereof, which are connected with the death or injury of the student while engaged in an Off-Campus Physical Education Program.

Signature of Parent/Guardian

Date

Parent's email address

To be completed by the training agency:

Name of Agency or Facility: _____

Email Address: _____

Address, City, State and Zip: _____

Phone No.: _____ Instructor: _____

1. Will the program meet the time requirements and criteria as specified in the Boerne ISD Off-Campus Physical Education Guidelines? _____
2. The agency agrees to provide an accurate absentee report and recommended grade for the student each six/nine weeks by due date on grade reporting form? _____
3. Will the program be open for regular visitation by school officials? _____
4. Will the program provide adult supervision at all times? _____

Signature of Instructor

Date

NOTE TO AGENCY: STUDENT WILL NOT BE APPROVED FOR OCPE PHYSICAL EDUCATION UNTIL THE ATTACHED LIMITS OF INSURANCE POLICY FORM IS RETURNED.

To be completed by School Officials ONLY:

The student is taking this course for physical education credit and he/she will not be enrolled in another physical education class or athletics while participating in the Off-Campus Physical Education Program.

Central Office Approval: _____ Date: _____

Counselor Approval: _____ Date: _____

Principal Approval: _____ Date: _____

Name: _____

To be completed by the student:

In order for this application to be considered, all of the following information must be provided.

Check the appropriate response:

I am applying for admission to Off-Campus Physical Education for the:

_____ **Fall Semester** **Deadline for FALL application is: August 2021**

_____ **Spring Semester** **Deadline for SPRING application is: December 2021**

_____ **Both Semesters** **Deadline for BOTH applications are: August 2021**

If accepted to Off-Campus Physical Education, I would like the following arrangement used in scheduling the time for Off-Campus Physical Education.

These options are subject to the approval of the student's principal. **(Check only one)**

_____ **LATE** arrival (end of first period)

_____ **EARLY** dismissal (beginning of last period)

_____ **Neither of the above**

Schedule to be completed by the training agency:

The student must participate in his/her activity, under professional supervision, for a **minimum of fifteen (15) hours per week**. Indicate the beginning time and ending time of the student's activity.

DAY OF THE WEEK	BEGINNING TIME	ENDING TIME
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Mail or email completed application to:

Boerne Independent School District

Attention: Stan Leech, Athletic Director/OCPE Coordinator

210 Live Oak St.

Boerne, TX 78006

stan.leech@boerneisd.net

gina.devane@boerneisd.net