

# 2014-2015 OFF-CAMPUS PHYSICAL EDUCATION WAIVERS

# **ATTENTION PE WAIVER STUDENTS**:

Beginning for the 2014-2015 School year -

# APPLICATIONS WILL ONLY BE ACCEPTED IN PERSON. NO EMAILS, FAXES OR BY MAIL APPLICATIONS WILL BE CONSIDERED.

Applications are to be turned in at the Athletics Office.

Athletic Department Office: 2748 FM 518 East League City, TX 77573

Directions: From I-45S, take 518 exit heading East towards Kemah. After the 518 & 270 intersection, veer to the right to continue onto 518. You will pass Clear Creek HS on your left and Sonic on your right. At the red light with no street name, turn left into the driveway between CCHS and the portable buildings. The Athletic Office entrance is on the right. There will be a sign to the entrance and a sign on the building.

PLEASE REMEMBER STUDENTS MUST REAPPLY FOR AN OFF CAMPUS PHYSICAL EDUCATION WAIVER EACH SCHOOL YEAR TO BE CONSIDERED FOR THE PROGRAM.



# 2014-2015 OFF-CAMPUS PHYSICAL EDUCATION WAIVER POLICY

To maintain compliance with the Texas Education Code (19 TAC Chapter 74) and provide training opportunities for Olympic quality athletes, Clear Creek ISD offers students a waiver process for Off-Campus PE programs. This waiver process allows for students to attain physical education credit towards their state graduation credits in approved off campus PE programs. The belief behind this waiver program is to provide the opportunity to protect the academic success of an elite Olympic caliber athlete and to avoid possible injury in the regular PE class that may compromise his/her continued participation in their off-campus program. Request for waivers for approval of private or commercially sponsored physical activity programs will be considered in the two following categories.

**CATEGORY 1** (Waiver requests considered under this category must be approved by the local school board and submitted to the Texas Education Agency for final approval.)

- Private or commercially sponsored physical activity programs that lead to Olympic level participation and/or competition. These programs involve a minimum of <u>15 hours per school week</u> (Monday Friday) of highly intense, professionally supervised training. The training facility, instructors, and the activities involved in the program must be certified to be of exceptional quality by the superintendent or his/her designee.
- Students participating at this level may receive a maximum of one-half credit per semester. A total of one credit may be earned toward state high school graduation requirements. Students qualifying and participating at this level may be dismissed from school one period (approximately one hour) per day for such participation per campus principal's approval. Students dismissed must not be permitted to miss any academic class (other than Health Fitness/PE). Students should not be assigned another core or elective class to fill out a regular day in lieu of leaving campus for the off-campus PE. The off-campus PE student should leave the campus one period prior to the end of the day or not check in to school until the second period of the day.
- Students who discontinue the off-campus Category 1 during a semester will be enrolled in a regular PE class for the remainder of the semester to complete the PE credit for that semester.
- It is anticipated that only a very limited number of students will qualify for this exceptional level of participation.
- Category 1 is available for high school and intermediate students; with the credits being earned for graduation requirements to be taken during the student's high school enrollment period.

**CATEGORY 2** (Waivers in Category 2 must be approved by the local school board but do not require submission or approval of the Texas Education Agency.)

- Private or commercially sponsored physical activity programs as certified by the superintendent or his/her designee to be of high quality, well-supervised appropriately trained instructors, and must consist of a minimum of five (5) hours per school week (Monday through Friday).
- Students participating at this level may receive a maximum of one-half credit per semester. A total of one credit may be earned toward state high school graduation requirements.

\*\* Please make a copy for your records before submitting. CCISD PE Department is not responsible for lost paperwork. \*\*

- Students certified to participate at this level may NOT be dismissed from any part of the regular school day.
- Category 2 is available for high school and intermediate students; with the credits being earned for graduation requirements to be taken during the student's high school enrollment period.
- Students who discontinue the off-campus Category 2 during a semester will be enrolled in a regular PE class for the remainder of the semester to complete the PE credit for that semester.

A Waiver will NOT be considered for participation in a sport for which Clear Creek ISD fields a UIL team and/or offers sports/dance that are comprehensively taught through the CCISD Physical Education or Athletic Departments. Credit will be given for participation in non-UIL activities on campuses which sanction a club in that activity, i.e. Lacrosse (High School only). Due to a change in state law, dance-related activities will <u>NOT</u> be approved for the Physical Education waiver at the High School level ONLY.

In all cases, it is the responsibility of the superintendent or his/her designee to certify both the level of participation and the quality of the program. Additionally, the district will monitor the quality of the programs which are approved as well as maintain accurate and up-to-date information and data regarding student participation and facilities. The approved agency must be located within reasonable driving distance from the student's campus.

**Applications will be available online ONLY**! Students are responsible for signing the form and getting signatures from their parents/guardian and instructor/coach. Also, students/parents should notify the school immediately if the student drops the activity, or if there is any facility/program change. A student may NOT transfer from a physical education class or athletics into off-campus PE during the middle of a semester.

The student is responsible for returning the application along with the activity program description for either the Category 1 or Category 2 program. <u>APPLICATIONS WILL ONLY BE ACCEPTED IN</u> <u>PERSON. NO EMAILS, FAXES OR BY MAIL APPLICATIONS WILL BE CONSIDERED</u>.

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All approved waivers will be forwarded to the appropriate students' counselors and the registrar is responsible for receiving and maintaining grades from the approved participating vendors.

The vendor/private organization must agree to:

- submit application
- notify the school counselor immediately if the student drops out or changes programs/facilities
- provide the school counselor with a report on each student's grade for each reporting period on the date requested
- provide the school counselor with an attendance form of each student for each reporting period on the date requested
- notify the school and district immediately if the organization moves or goes out of business
- pay the required \$100 administrative fee

FAILURE TO COMPLY WITH <u>ALL REQUIREMENTS</u> OUTLINED AND CONTAINED WITHIN THIS AGREEMENT WILL RESULT IN REMOVAL OF THE VENDOR FROM THE APPROVED VENDOR/FACILITY LIST. PLEASE REMEMBER STUDENTS MUST REAPPLY FOR AN OFF CAMPUS PHYSICAL EDUCATION WAIVER EACH SCHOOL YEAR TO BE CONSIDERED FOR THE PROGRAM.

### CLEAR CREEK INDEPENDENT SCHOOL DISTRICT 2014-2015 OFF-CAMPUS HEALTH FITNESS/PE WAIVER APPLICATION

(This form must be completed, signed and returned by the due date before approval will be considered.)

### TO BE COMPLETED BY STUDENT/PARENT

The Off-Campus PE Waiver is an approved substitution to meet the Health Fitness/PE requirements set by the Texas Education Agency and Clear Creek ISD. Health Fitness/PE Waiver requests will be considered for the state high school PE graduation credit according to the Texas Education Agency Commissioner's criteria for Category I and Category II Physical Education Waivers. **Completed packets MUST be turned into the Physical Education Department** <u>in person</u> on or before April 25, 2014. Delinquent packets WILL BE **DENIED!** <u>APPLICATIONS WILL ONLY BE ACCEPTED IN PERSON</u>. (NO faxes, emails or applications by mail will be accepted).

| CATEG              | ORY 1 (15 | S HOURS/SCHOOL WEEK)CA | TEGORY 2 (5 I | HOURS/SCHOOL WEE | K) |  |
|--------------------|-----------|------------------------|---------------|------------------|----|--|
| NAME               |           | SCHOOL                 |               | SEX M F          |    |  |
| GRADE (2014-2015)  |           | SCHOOL COUNSELOR       |               |                  |    |  |
| PARENT/GUARDIAN_   |           | STREET ADDRESS_        |               |                  |    |  |
| CITY               | ZIP       | HOME PHONE             | CELL          | PHONE            |    |  |
| PARENT'S EMAIL ADI | DRESS     |                        |               |                  |    |  |
| ACTIVITY/SPORT     |           | VENDOR/ FACILITY NAME  |               |                  |    |  |
| STREET ADDRESS     |           | CITY                   | ZIP           | PHONE #          |    |  |
|                    |           |                        |               |                  |    |  |

I am applying for admission into the PE Waiver Program for:

\_\_\_\_\_FALL SEMESTER ONLY (deadline April 25, 2014) \_\_\_\_\_SPRING SEMESTER ONLY (deadline Dec 19, 2014) \_\_\_\_\_BOTH SEMESTERS (deadline April 25, 2014)

### ALL FORMS MUST BE TURNED IN BY APRIL 25, 2014 FOR THE 2014 FALL SEMESTER AND DECEMBER 19, 2014 FOR THE 2015 SPRING SEMESTER.

Students my only use one approved agency for their program activity and the student taking this course MAY NOT be enrolled in another physical education class or athletics while participating in the Off-Campus Physical Education Program. Due to a change in State law, dance waivers will NOT be approved at the high school level. I have read the guidelines for the Off-Campus PE Program and I agree to comply with those regulations. I hereby release Clear Creek ISD, its employees, agents, and the Board of Trustees from all claims of 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 vendor. CCISD is not responsible for accident or hospitalization insurance.

| Student's Signature                       | Parent's Signature         |                   |
|---|----------------------------|-------------------|
| Date                                      | Coach/Instructor Signature |                   |
| PE Coordinator's Signature                |                            | _ Approved Denied |
| Asst. Superintendent of Secondary Schools |                            | _                 |

\*\* Please make a copy for your records before submitting. CCISD PE Department is not responsible for lost paperwork. \*\*

## **Program Activity Description & Schedule** CLEAR CREEK INDEPENDENT SCHOOL DISTRICT

2014-2015 OFF-CAMPUS HEALTH FITNESS/PE

| Student Name:  | Campus:                         |                          |   |  |  |
|--|---------------------------------|--------------------------|---|--|--|
| DAY  | <b>BEGINNING TIME</b>           | ENDING TIME              |   |  |  |
| MONDAY<br>TUESDAY<br>WEDNESDAY<br>THURSDAY<br>FRIDAY |                                 |                          | use one approved<br>agency for their<br>program activity. |  |  |
| Total number of hour                                 | s per week (Mon – Fri ONL       | Y):                      |   |  |  |
| Brief description of a                               | ctivity that student is involve | d in:                    |   |  |  |
| Site visit checks will                               | be made periodically each se    | mester by the Health Fit | ness/PE Coordinator.                                      |  |  |
| NAME OF FACILITY                                     |                                 | TELEPHONE #              |   |  |  |
| EMAIL ADDRES   | S                               |                          |   |  |  |
| ADDRESS  |                                 | CITY                     | ZIP   |  |  |
| INSTRUCTOR   |                                 | DATE                     |   |  |  |
| INSTRUCTOR'S   | EMAIL                           |                          |   |  |  |

The following schedule must be completed, signed/dated by the instructor before the application will be processed. The student or instructor should notify Debbie Fuchs at 281-284-0087 or e-mail <u>dfuchs@ccisd.net</u> if a change occurs in the student's practice schedule or facility. This will eliminate unnecessary and costly attendance officer site visits. As a qualified professional instructor, your signature verifies the above schedule and the adherence of the athlete to this schedule. This will be kept on file in the District Athletics/Physical Education Office.

This application is invalid without the instructor's signature and date. (Must meet deadline date)

# INSTRUCTOR SIGNATURE\_\_\_\_\_

DATE\_\_\_\_\_