

Katy Independent School District  
**Off-Campus Physical Education Waiver Application (Grades 6-12)**

**PLEASE PRINT**

Student's Name: Last		First	Middle	School
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Level (during year of participation)		Counselor	
Parent's/Guardian's Name:			Daytime Phone (     )	
Street Address			City	Zip
Parent's/Guardian's E-Mail Address				

The above-named student is applying for approval in the following Off-Campus Physical Education Program as described below:

School Year: 20__ - 20__	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Both	Type of Waiver: <input type="checkbox"/> Category I <input type="checkbox"/> Category II
Physical Activity:		
Name of Sponsoring Facility/Agency:		
Name of Instructor: (Please print)		Daytime Phone (     )
Mailing Address		City                      Zip
Instructor's E-Mail Address		
Attach the Off-Campus Physical Education Activity Schedule and Instructor Agreement to this application.		

I have carefully read the guidelines for the Off-Campus Physical Education Program and I agree to comply with those regulations. I understand that no team sports, including team sports private lessons, will be approved (i.e. basketball, hockey, lacrosse, soccer, softball, volleyball, etc.). Only sports that allow for individual scoring and individual advancement will be approved). I hereby release the Katy Independent School District, its employees, agents, and its 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 private or commercial agency. Katy ISD is not responsible for accident or hospitalization insurance. I understand that Katy ISD has no control over the daily activities of the program, quality of the program, or qualification of the instructor in the program. Katy ISD does not perform criminal background checks on the Off-Campus Physical Education instructors.

I understand that *Texas Education Code 38.101* requires annual physical fitness assessments in grades 3-12. Both junior high and high school Category I and Category II Off-Campus Physical Education students will be required to take the FITNESSGRAM assessment during the school year. These students will be notified by letter when and where the assessment will take place. The results of these assessments will be reported to the Texas Education Agency annually.

Signature of Student	Date
Signature of Parent/Guardian	Date

**NOTE: In order for this application to be considered for any semester, IT MUST BE RETURNED TO THE COUNSELOR NO LATER THAN THE FIRST WEEK OF THE SEMESTER FOR WHICH THE WAIVER IS REQUESTED!**

FOR OFFICE USE ONLY	
Signature of Counselor	Date
Signature of Principal	Date
Signature of Instructional Specialist for Health and Physical Education after Approval	Date

Katy Independent School District  
**Off-Campus Physical Education Activity Schedule and  
 Instructor Agreement**

Student's Name:	Last	First	Middle	School
Name of Sponsoring Facility/Agency:			Name of Instructor: (Please print)	

It is my understanding that the above-named student is applying for an off-campus physical education waiver and that the student must participate in a physical education activity, under professional supervision, a minimum of fifteen hours (Category I) or five hours (Category II) each week at one approved agency in order to be eligible for the waiver. At least four (4) of the required hours must be spread over three (3) days falling between Monday through Friday of each week. The above-named student is scheduled to participate in a physical education program meeting this requirement as designated below:

Weekday	Beginning Time	Ending Time	Activity	Hours
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				

(It is imperative that this schedule be kept current at all times. In case of a change in the schedule, please notify the student's grade-level counselor and the Curriculum Specialist for Health and Physical Education at 281-396-2734.)

As a professional instructor, I am aware of the emphasis on program objectives, grading based on performance and attendance established by public education, and the requirements of the Katy Independent School District. I understand the problems inherent in a program such as Off-Campus Physical Education and the importance of maintaining program integrity. Therefore, as the program instructor, I agree to support and abide by the following standards:

1. I will adhere to the district's weekly time requirements as determined by the schedule designated above and notify appropriate personnel of any changes in the schedule.
2. I will expect the student to participate in the activity on a regularly scheduled basis.
3. I will keep an accurate record of the student's attendance and contact the campus counselor if the student's attendance becomes irregular.
4. I will forward a grade recommendation based on student performance to the counselor one week prior to the end of each six-week grading period on the form provided by the District. (The grade will be designated as "Pass/Fail.") Absences for each six-week grading period will be included on the grade report. Irregular attendance or withdrawal from the program will be reported to the appropriate District personnel in a timely manner.
5. I will submit a written outline of program objectives and activities when requested.

I understand that the Katy Independent School District is accountable for the participation of each student in Off-Campus Physical Education programs and that the student's failure to meet the requirements may result in the District revoking the student's PE waiver. I will make every effort to cooperate with the District in their accounting procedures.

Signature of Instructor	Date
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