



**BRAZOSPORT INDEPENDENT SCHOOL DISTRICT**  
**OFF-CAMPUS PHYSICAL EDUCATION APPLICATION**

TO BE COMPLETED BY STUDENT: *(This information pertains to the year of participation)*

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

SEX: M \_\_\_ F \_\_\_ PRESENT GRADE LEVEL \_\_\_ COUNSELOR \_\_\_\_\_

PARENT/GUARDIAN (print) \_\_\_\_\_ TELEPHONE \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF SPONSORING AGENCY \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

INSTRUCTOR (print) \_\_\_\_\_ TELEPHONE \_\_\_\_\_

INSTRUCTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**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 FOR WHICH THE APPLICATION IS BEING MADE.

1. I am applying for admission in to the Off-Campus Physical Education for the 20\_\_\_ - 20\_\_\_  
\_\_\_\_\_ Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_ Both Semesters
2. Category I \_\_\_\_\_ Category II \_\_\_\_\_
3. If accepted into an Off-Campus Physical Education Program, I understand that no time from school will be missed other than the scheduled class time.
4. Students may not transfer from athletics or another physical education class into an Off-Campus Physical Education Program during the same semester.

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**TO BE COMPLETED BY SCHOOL OFFICIALS**

PRINCIPAL APPROVAL: \_\_\_\_\_ DATE \_\_\_\_\_

COUNSELOR APPROVAL: \_\_\_\_\_ DATE \_\_\_\_\_

EXTRA-CURRICULAR  
COORDINATOR APPROVAL: \_\_\_\_\_ DATE \_\_\_\_\_



**TO BE COMPLETED BY THE PARENT AND STUDENT**

I have carefully read the guidelines for the Off-Campus Physical Education Program and I agree to comply with those regulations. I hereby release the BRAZOSPORT INDEPENDENT SCHOOL DISTRICT, its employees, agents, and its Board of Trustees, from all claims or liability in any way attributable to the 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 the private/commercial agency. The Brazosport ISD is not responsible for accident or hospitalization insurance. I understand that the Brazosport ISD has no control over the daily activities of the program, quality of the program, or qualification of the instructor of the program.

My son/daughter \_\_\_\_\_ has permission to participate in the

Off-Campus Physical Education Program in \_\_\_\_\_ at \_\_\_\_\_.  
(activity) (agency)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**BRAZOSPORT INDEPENDENT SCHOOL DISTRICT**  
***OFF-CAMPUS PHYSICAL EDUCATION INSTRUCTOR AGREEMENT***

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*Facility/Agency*

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*Instructor's Name*

As a professional instructor, I am aware of the emphasis on program objectives and that grading is based on performance and attendance established by public education and the Brazosport 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, I will support the following standards:

- As the instructor, I will adhere to the district's guidelines for attendance by the student.
- The student is expected to participate in the activity on a regularly scheduled basis.
- The instructor will keep an accurate record of student attendance and report attendance to the student's home campus every week.
- The instructor will forward a grade recommendation based on student performance and attendance as requested to the campus principal/designee at the start of the third week of a grading period and one week prior to the end of each reporting period. (Grade will be PASS/FAIL)
- The instructor will submit a written outline of program objectives and activities to the Assistant Superintendent of Administrative Services.
- The instructor will contact the campus counselor if the student's attendance or performance becomes irregular and may impact the success of the student.

I understand that the Brazosport Independent School District is accountable for the participation of each student in an Off-Campus Physical Education Program. I will make every effort to cooperate with the district in their accounting procedures.

INSTRUCTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



***TENTATIVE SCHEDULE***

*(TO BE COMPLETED BY AGENCY INSTRUCTOR)*

The student must participate in his/her activity under professional supervision for a minimum of five/fifteen hours each week at one approved agency. The required five/fifteen hours each week must be spread over at least three days and include at least ninety minutes of instruction by one approved instructor.

Indicate the beginning time, ending time, and the nature of activity. It is imperative that this

	<b>Beginning Time</b>	<b>Ending Time</b>	<b>Activity</b>	<b>Hours</b>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

schedule be kept current at all times.

In case of a change in schedule, please notify the \_\_\_\_\_ at \_\_\_\_\_.

I agree to report attendance weekly to the campus attendance clerk.

INSTRUCTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**BRAZOSPORT INDEPENDENT SCHOOL DISTRICT**  
**GENERAL REQUIREMENTS**  
**FOR APPROVAL OF OFF-CAMPUS PHYSICAL EDUCATION**

The following is a list of basic requirements that have been established by BISD and the Texas Education Agency. These requirements must be met and maintained for the student to be eligible for participation in the program.

1. The purpose of the program is to accommodate students who are making a serious effort to develop high level capabilities, allowing them to be involved in an off-campus program that provides training exceeding that offered by the school district.
2. Off-campus physical activity programs will be approved only for those students who have been strongly recommended by qualified instructors.
3. Only those students in grades six (6) through twelve (12) are eligible for consideration for off-campus programs. **No** students in grades K through five (5) will be considered for an off-campus program.
4. Students involved in any type of activity that meets the TEA Commissioner's Criteria will be considered for the off-campus program.
5. Students applying for Off-Campus Physical Education will be considered under two (2) categories.

*CATEGORY I: These programs typically involve a minimum of fifteen (15) hours per week of highly intense, professionally supervised training. Students qualifying at this level may be dismissed from school one period per day for such participation. Students participating at this level may receive a maximum of one half credit per semester. A total of one and one half credits may be earned toward state high school graduation requirements. This Olympic-caliber program may be substituted for classes offered at the school.*

*CATEGORY II: These programs typically involve a maximum of five (5) hours per week in a high quality, well supervised program by appropriately trained instructors and are for a minimum of three (3) days per week. Students certified to participate at this level **MAY NOT** be dismissed from any part of the regular school day. Students participating at this level may receive a maximum of one-half credit per semester. A total of one and one half credits may be earned toward state high school graduation requirements. All participation must always be under the direct supervision of the instructor. Students may not receive a Category II waiver for any class (such as a dance) that is offered at the school.*

6. Students who are participating in the program for physical education credit may not be enrolled in another physical education class or athletics during this time.
7. The student may not have more than five (5) unexcused absences per semester at the off-campus facility. Excessive school homework is not an excused absence from the required activity.
8. At the beginning of each new school year the Brazosport Independent School District assistant superintendent of administrative services or his designee and the private facility administrator or instructor will meet for the purpose of establishing a full understanding of all conditions involved. This meeting will take place prior to any decision for program accreditation.
9. The facility will be required to document and certify all efforts to comply with the Texas School Essential Elements as they apply to the specific activity being taught.
10. The records concerning daily attendance & grades must be fully completed and returned to the counselor of record at the end of each semester.
11. The instructor will be required to report a final grade at the conclusion of each six (6) week grading period based on student performance and attendance as requested. The report will be sent to the campus principal/designee at the start of the third week of a grading period and one week prior to the end of each reporting period. (Grade will be PASS/FAIL)
12. The private instructor must constantly observe and evaluate the student's attitude, work habits, and progress. If at any time the student fails to maintain a high level of performance, the instructor will be expected to contact the school counselor and withdraw the recommendation for student participation. The student will no longer be considered eligible for the off-campus program.

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**BRAZOSPORT INDEPENDENT SCHOOL DISTRICT**  
*Off-Campus Physical Education Guidelines*

PROGRAM DESCRIPTION, Grades 6-12

The Off-Campus Physical Education program is a cooperative arrangement between the Brazosport Independent School District and an approved off-campus agency. These guidelines include a list of basic requirements/responsibilities that have been established by the Brazosport Independent School District and the Texas Education Agency. These requirements must be met and maintained for a student to be eligible for participation in the program. The student can receive one half unit of physical education credit per semester for an approved off-campus program with the stipulation that the student may not earn more than one and one half total units of credit in physical education toward state graduation requirements. Credits earned after the first one and one half units of physical education will count for local credit only.

TYPES OF PROGRAMS

*CATEGORY I: This is a highly accelerated program (comparable to an Olympic training level) that requires a minimum of 15 hours per week of participation by the student. A student who qualifies for this program would be allowed to miss one period of the school day due to the nature of the program activity. This waiver request must be submitted through the district to the Texas Education Agency.*

*CATEGORY II: This program would require a minimum of five (5) hours per week of participation by the student. Activity programs that meet Texas Education Agency guidelines for physical education would qualify, (ex., gymnastics, ballet, etc.) This category of program does not allow a student to miss any part of the school day for participation.*

**STUDENT/PARENT RESPONSIBILITIES:**

1. An application form must be filled in completely by the student, parent, agency instructor, and school personnel and turned in to the school counselor by the end of the first week for which the application is being made.
2. The student must participate in his/her activity under professional supervision a minimum of five/fifteen hours per week at one approved agency.
3. The student may not have more than five unexcused absences per semester at the facility site. Extended absences for an injury or illness will be excused only with a physician's letter. A student who abuses the program by irregular attendance will be withdrawn from the program and denied credit.
4. Students certified to participate in the Category II program **MAY NOT** be dismissed from any part of the regular school day to take part in the off-campus activity.

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## **AGENCY RESPONSIBILITIES**

1. The agency must provide professional instructors who will teach required lessons and provide necessary supervision to the students enrolled in their program.
2. The instructor will:
  - a. sign applications and fill in activity schedules for students participating in the off-campus program at the instructor's agency.
  - b. sign an Instructor Agreement stating that he/she is aware of the emphasis on program objectives and grading based on performance and attendance.
  - c. turn into the program director lesson plans and attendance sheets on each student every two weeks.
  - d. maintain an accurate record of student attendance and evaluate each off-campus student's performance and attendance one week prior to the end of the current semester.
  - e. will forward a grade recommendation based on student performance and attendance as requested to the campus principal/designee at the start of the third week of a grading period and one week prior to the end of each reporting period. (Grade will be PASS/FAIL)
  - f. inform the school counselor if a student's attendance becomes irregular.

## **COUNSELOR RESPONSIBILITIES**

1. Provide applications and explain the program, especially student responsibilities, to those students eligible for the programs.
2. Check each returned application to verify that it is correctly and completely filled out.
3. Once an application is completed, sign it, have the principal sign it, and send a copy to the Asst. Superintendent of Administrative Services.
4. Inform students that they may not have late arrival or early dismissal for Category II permits.
5. Record grades and attendance for off-campus students at the three week progress report time and then again at end of six weeks. These grades will be received from the instructor of the off-campus sponsoring agency.



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**ASSIST. SUPERINTENDENT OF ADMINISTRATION AND LEADERSHIP  
RESPONSIBILITIES (or *DESIGNEE*)**

1. Provide appropriate application forms to school counselors.
2. Visit all new agencies and/or instructors to explain the program and instructor responsibilities.
3. If the agency and instructor meet the requirements, have the instructor sign an Instructor Agreement Form to keep on file.



**BRAZOSPORT INDEPENDENT SCHOOL DISTRICT**  
***OFF-CAMPUS PHYSICAL EDUCATION***  
***AGENCY RELEASE OF LIABILITY FORM***

**Name of Student:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

The student named above is requesting enrollment in your program and will receive physical education credit towards graduation requirements if he or she successfully completes the program. The District requests that you keep an attendance record on the student and report the grade he or she earns each six weeks.

As a participant in the District's off-campus physical education program, you agree to indemnify and hold the Brazosport Independent School District harmless from any and all claims that may be brought against the District, Board members, employees, or agents thereof that are connected with the death or injury of the District student while on your premises or under your supervision.

Please indicate your insurance company below, as well as the limits of your insurance policies for our records.

**Insurance Company:** \_\_\_\_\_

**Name on Policy:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Limit of Personal Injury Claim:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Agency Owner:** \_\_\_\_\_

**Signature of Owner:** \_\_\_\_\_

**Agency Phone Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_