

# Westlake High School

## Application for Off-Campus Physical Education Instruction

*In order for this application to be considered for any semester, it must be completed and returned to the student's counselor no later than the second week of the semester for which the application is made.*

### **PURPOSE:**

The purpose of the application for Off-Campus Physical Education Instruction is to accommodate **sophomore** students who are making serious efforts to develop high-level capabilities in individual, specialized areas of an activity by allowing them to be involved in programs offered **outside the district and not affiliated with UIL.**

### **STUDENT ELIGIBILITY:**

Sophomores who participate in individual physical training programs that require a minimum of 15 hours of weekly intense, professionally supervised training, may apply to receive 8th period off in their daily schedule to pursue the outside training. Students must not be enrolled in Westlake athletics and must maintain sufficient state credits to graduate on time with their class.

Freshmen who are not participating in a Westlake athletic program but who are pursuing an off-campus training program can apply for a PE waiver; juniors and seniors pursuing an off-campus training program simply need to select an 8<sup>th</sup> period off in their schedule.

This packet includes:

- General Guidelines for Off-Campus Physical Education Instruction
- Section to be completed by the student
- Section to be read and completed by the parent/guardian AND student
- Section to be completed and signed by the off-campus professional instructor

## Off-Campus Physical Education Instruction

# General Guidelines

1. **The sophomore student and parent must** make formal application through the student's academic counselor and receive approval for participation in an off-campus physical education instruction program.
  - a. The application must include evidence that the activity in which the student is engaged addresses goals for personal or athletic growth.
  - b. The application must offer evidence of prior training with a recognized professional in the specified activity.
  
2. **The sophomore student must** maintain an intense training program under professional supervision and within the guidelines outlined by the District.
  - a. The student must participate in his/her activity, under professional supervision, a minimum of 15 hours a week at one facility.
  - b. The student must participate a minimum of four days during the week (Monday-Friday) plus an additional day that may fall on the weekend or during the week. All such participation must always be under the direct supervision of the instructor.
  - c. The student may miss no more than one period of the regular school day.
  - d. The student may not have more than five unexcused absences per semester in order to remain eligible for the off-campus instruction period. (Excessive homework is not an excused absence from the required activity.)
  - e. The student and the instructor will adhere to the District's guidelines for student attendance and contact hours.
  - f. The student must continue to show improvement in skills development.
  - g. The student will maintain eligibility for off-campus participation by passing all academic courses each six weeks, maintaining regular attendance, and demonstrating improvement of skills.
  
3. **The off-campus instructor must** create a specific training program for the student, monitor student progress toward the program goals, and regularly communicate student progress as specified by the principal.
  - a. As a part of the application process, the off-campus instructor will submit a written outline of program objectives and weekly schedule.
  - b. The off-campus instructor will report attendance to the school.
  - c. The off-campus instructor will contact the student's academic counselor if the student's attendance becomes irregular.
  - d. The off-campus instructor will constantly observe and evaluate the student's work habits and progress. If, at any time, the student fails to maintain a high level of performance, the off-campus instructor will be expected to contact the student's academic counselor and withdraw his recommendation; the student will no longer be considered eligible for the off-campus program

**Student/Parent, please keep this page for your information.**

# Application for Off-Campus Physical Education Instruction

## TO BE COMPLETED BY THE STUDENT

Name: \_\_\_\_\_

Student ID# \_\_\_\_\_ Date: \_\_\_\_\_ Counselor: \_\_\_\_\_

I am applying for an off-campus period for the  fall semester  spring semester  full year

In what off-campus physical activity do you participate? \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of facility where training will occur: \_\_\_\_\_

Facility address: \_\_\_\_\_ Phone # \_\_\_\_\_

## TO BE COMPLETED BY THE PARENT and STUDENT

*I have carefully read the guidelines for the Off-Campus Athletic Instruction program as specified in the application and I agree to comply with those regulations. I hereby release the Eanes Independent School District, its employees, agents, and its Board of Trustees, from all claims or 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 responsibility of the parent, the private instructor or the commercial school. The Eanes Independent School District is not responsible for accident or hospitalization insurance. I understand that the Eanes Independent School District has no control over the daily activities of the program, the quality of the program, or qualifications of the instructor of the program.*

My son/daughter, \_\_\_\_\_, has permission to participate in off-campus  
(STUDENT NAME)

physical education instruction for \_\_\_\_\_ at the following facility:  
(NAME OF ACTIVITY)

\_\_\_\_\_ under the supervision of \_\_\_\_\_  
(NAME OF PROFESSIONAL INSTRUCTOR)

from \_\_\_\_\_ to \_\_\_\_\_.  
(MONTH/DAY/YEAR) (MONTH/DAY/YEAR)

Parent Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Home address: \_\_\_\_\_ Email \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## TO BE COMPLETED BY THE STUDENT'S WESTLAKE COUNSELOR

- The student is a sophomore who submitted a complete application within the first two weeks of the semester for which the application was made, and I have reviewed and approve this application.
- Course number SOCOFF (Student Off Campus) has been added to 8<sup>th</sup> period in the student's schedule.

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Application for Off Campus Athletic Instruction

# **INSTRUCTOR INFORMATION**

(to be completed by the professional instructor)

1. What are your qualifications as a professional instructor?
  - a) List degrees, licenses, and/or certifications.
  
  
  - b) List your experience as a professional instructor
  
2. How long has this student trained under your supervision?
  
3. In what events has the student competed under your instruction? Please list the event, the date, and the outcome(s).
  
  
4. What is your general evaluation of the student's ability?
  
  
5. Describe the facility where this student's training will be conducted?
  
  
6. What are the specific training goals for the student within the next nine months?
  
  
7. What competitive events have been scheduled for the student within the next nine months?

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**STUDENT'S TRAINING SCHEDULE**

(to be completed by the professional instructor)

Student's Name \_\_\_\_\_

Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR

*The following schedule must be completed before the application will be considered. The instructor/facility should notify the student's academic counselor at Westlake High School immediately if a change occurs in the schedule.*

	Start Time	End Time	Activity
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

As a professional instructor, I am aware of the reporting system and the attendance policies of the Eanes Independent School District. I understand the importance of maintaining program integrity and therefore **I will support the guidelines under which the applicant may participate in the Off-Campus Athletic Instruction Program.**

I understand that the Eanes Independent School District is accountable for the participation of each student in Off-Campus Athletic Instruction Program. I will make every effort to cooperate with the District in its accounting procedures.

**As a qualified professional instructor, my signature verifies that I understand my responsibilities to the student and to the Eanes Independent School District.**

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_