

**Northside Independent School District  
Off-Campus Physical Education Application  
School Year 2021-22**

**PLEASE PRINT - BLACK INK**

**To be completed by the Student/Parent:**

**Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_ **Counselor:** \_\_\_\_\_

**Parent / Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Instructor** \_\_\_\_\_

As a participant of the Off-Campus Physical Education Program, you agree to indemnify and hold the School and Northside 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.

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**Signature of Parent / Guardian** **Date** **Parent's email-address**

**To be completed by the training agency:**

**Name of Agency or Facility:** \_\_\_\_\_

**EmailAddress:** \_\_\_\_\_

**Address, City, State & Zip:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Instructor:** \_\_\_\_\_

1. Will the program meet the time requirements and criteria as specified in the Northside ISD Off-Campus Physical Education guidelines?  Yes or  No
  
2. The agency agrees to provide an accurate absentee report and recommended grade for the student each nine weeks by due date on grade reporting form?  Yes or  No
  
3. Will the program be open for regular visitation by school officials?  Yes or  No
  
4. Will the program provide adult supervision at all times?  Yes or  No

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**Printed Name**

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**Signature of Instructor**

**Date**

**To be completed by School Officials ONLY:**

The student is taking this course for physical education credit and 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/Parent:**

In order for this application to be considered all 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: July 16, 2021**

\_\_\_ **Spring Semester Deadline for SPRING application is: December 10, 2021**

\_\_\_ **Both Semesters Deadline for Fall/Spring applications is: July 16, 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 below is to be completed by the training agency:**

The student must participate in their 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.

<b>DAY</b>	<b>BEGINNING TIME</b>	<b>ENDING TIME</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Mail or scan and email completed application to:

Northside Independent School District

Jeffery Stivors, Instructional Support Teacher

Physical Education Department

5900 Evers Rd, Building A

San Antonio, TX 78238

210-397-3509

[offcampuspe@nisd.net](mailto:offcampuspe@nisd.net)