

**Northside Independent School District
Off-Campus Physical Education Application
School Year 2020-21**

PLEASE PRINT - BLACK INK

To be completed by the Student/Parent:

Name: _____

School: _____ Grade: _____ Counselor: _____

Parent / Guardian Name: _____

Address: _____

City, State, Zip: _____

Phone No.: _____ Male: _____ Female: _____

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.

Signature of Parent / Guardian

Date

Parent's email-address

To be completed by the training agency:

Name of Agency or Facility: _____

Email Address: _____

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? _____
2. **The agency agrees to provide an accurate absentee report and recommended grade for the student each six / nine weeks by due date on grade reporting form?** _____
3. Will the program be open for regular visitation by school officials? _____
4. Will the program provide adult supervision at all times? _____

Signature of Instructor

Date

NOTE TO AGENCY: STUDENT WILL NOT BE APPROVED FOR OFF-CAMPUS PHYSICAL EDUCATION UNTIL THE ATTACHED LIMITS OF INSURANCE POLICY FORM IS RETURNED.

To be completed by School Officials ONLY:

The student is taking this course for physical education credit and he / she 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: August 15, 2020**

___ **Spring Semester** **Deadline for SPRING application is: December 19, 2020**

___ **Both Semesters** **Deadline for BOTH applications is: August 15, 2020**

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 his / her 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.

DAY	BEGINNING TIME	ENDING TIME
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Mail or scan and email completed application to:

Northside Independent School District

Marie Surach, Director's Secretary for Physical Education Department

Northside Central Office

5900 Evers Rd, Building A

San Antonio, TX 78238

marie.surach@nisd.net