OFF-CAMPUS PHYSICAL EDUCATION
INFORMATION PACKET

__ Information for Parents
__ Student Waiver Application
__ Parent Permission Form

Deadline to submit ALL paperwork is May 29, 2020
Only email submission of forms will be accepted for review to the following email address:

OCPE@Humbleisd.net

Please remember students must reapply for an off campus physical education waiver each school year to be considered for the program.
To maintain compliance with the Texas Education Code, Humble ISD offers students a waiver process for OCPE programs. This waiver process consists of Category 1 (15 hours) and Category 2 (five hours) for high school and middle school.

Request for waivers for approval of private or commercially sponsored physical activity programs will be considered in two categories. These are:

**CATEGORY 1 - OLYMPIC TRAINING:** is available to Middle School and High School students.

(Waiver requests considered under this category must be approved by the local Board and submitted to the Texas Education Agency for final approval.)

- Private or commercially sponsored physical activity programs that lead to Olympic-level participation and/or competition. These programs typically involve a **minimum of 15 hours** per week of highly intense, professionally supervised training. The training facility, instructors, and the activities involved in the program must be certified by the Superintendent or his/her designee to be of exceptional quality.
- Students qualifying and participating at this level may be dismissed from school one period per day for such participation. Students dismissed must not be permitted to miss any academic class to fill out a regular day in lieu of leaving campus for OCPE.
- The OCPE students should leave the campus one period prior to the end of the day or not check in to school until the second period of the day. There will be no supervised areas for these students to stay on campus for the unassigned class period and will result in immediate dismissal of the OCPE Program. Students who discontinue OCPE Category 1 during a semester will be enrolled in a regular physical education class for the remainder of the semester to complete the credit in physical education for that semester.
- It is anticipated that only a very limited number of students will qualify for this exceptional level of participation.
- The credits being earned for graduation requirements are to be taken during the students’ high school enrollment period.
- Students participating at this level may receive a maximum of one-half credit per semester. A total of one credit may be earned toward state high school graduation requirements or **four semesters** for middle school PE requirements.

**CATEGORY 2:** is available to Middle School and High School students.

(Waivers in Category 2 must be approved by the local Board but do not require submission of approval of the Texas Education Agency.)

- Private or commercially sponsored physical activity programs as certified by the Superintendent or his/her designee to be of high quality, well supervised by appropriately trained instructors, and consisting of a **minimum of five hours** per school week.
- Students participating at this level may receive a maximum on one-half credit per semester. A total of one credit maybe earned toward state high school graduation requirements or **four semesters** for middle school PE requirements.
- Students certified to participate at this level **may not** be dismissed from any part of the regular school day.
- The credits being earned for graduation requirements are to be taken during the students’ high school enrollment period.
Off Campus PE WAIVER APPLICATION
Humble Independent School District
2020-2021

Student’s Name ________________________________________  ID#____________________
(Print)

Current Grade Level _______ Current Campus________________________

Proposed Grade Level _______ Proposed Campus________________________

This application is for Fall Semester _______ Spring Semester _______ Both_____

Category I (15+hrs) Physical Activity Program, i.e.: Swimming, Dance, etc.___________________

Category II (5+hrs) Physical Activity Program, i.e.: Swimming, Dance, etc.___________________

His/Her workout schedule will be: (90% of training time must be Monday-Friday)

<table>
<thead>
<tr>
<th>Day</th>
<th>Workout begins</th>
<th>Workout ends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>______ a.m. or p.m.</td>
<td>______ a.m. or p.m.</td>
</tr>
<tr>
<td>Tuesday</td>
<td>______ a.m. or p.m.</td>
<td>______ a.m. or p.m.</td>
</tr>
<tr>
<td>Wednesday</td>
<td>______ a.m. or p.m.</td>
<td>______ a.m. or p.m.</td>
</tr>
<tr>
<td>Thursday</td>
<td>______ a.m. or p.m.</td>
<td>______ a.m. or p.m.</td>
</tr>
<tr>
<td>Friday</td>
<td>______ a.m. or p.m.</td>
<td>______ a.m. or p.m.</td>
</tr>
<tr>
<td>Saturday</td>
<td>______ a.m. or p.m.</td>
<td>______ a.m. or p.m.</td>
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</tbody>
</table>

TOTAL NUMBER OF WEEKLY HOURS___________________

Name of Commercial Establishment __________________________________________________

Phone Number ________________________________________________________________

TO THE INSTRUCTOR FOR CATEGORY I and II APPLICANTS:
As this student’s instructor, I verify this time schedule to be correct. I understand that it is the responsibility of this commercial establishment to maintain the physical education programs in the described categories and to submit via fax student grade and attendance report to the campus Registrar by the end of the grading period in fall and spring. I am to inform the Coordinator of PE/Health of any program changes or student’s involvement or lack thereof.

__________________________        __________________________
Instructor’s Signature        Date

NAME OF STUDENT’S COUNSELOR ______________________________________________

__________________________        __________________________
_____ Waiver Approved        _____ Waiver Denied

__________________________        __________________________
Helen Wagner, Coordinator PE/Health        Date
Off Campus Physical Education
PARENT PERMISSION FORM
For Waiver Request
School Year 2020-2021

Student Name (please print) _________________________________________________________

Current Campus _____________________                                   Current Grade ________________

I request permission from the Humble Independent School District for my child to receive physical education credit for
active participation in the OCPE program.

I understand that the commercial facility named herein will satisfy the Texas Education Agency requirement for
physical education instruction.

My child’s middle school requirements may be satisfied through participation in an approved off-campus program. The
grade earned by the middle school student will be pass/fail. High school credit will be earned with a numeric grade.

I have been informed that if, for any reason, my child does not complete the entire semester/trimester, he/she will not
receive any partial credit. Credit may only be earned through one vendor.

Furthermore, I acknowledge that the Humble Independent School District will not provide transportation to or from the
establishment, does not endorse any commercial training program, and the approval of this application does not
constitute any assurance as to the qualifications of the instructors or to the quality and/or safety of the equipment and
facilities.

The undersigned is the parent or legal guardian of the named student. He/she is a student in the Humble Independent
School District and I do hereby consent to said student participation in the commercial training program. I further agree
to hold the Humble Independent School District, its Board of Trustees, administration, and/or faculty harmless from all
liability for any injuries which said student may receive while participation in this program or while traveling to and
from such program.

I also understand that if my child is approved for Category I They must leave the campus one period prior to the
end of the day or not check in to school until the second period of the day. There will be no supervised
areas for these students to stay on campus for the unassigned class period thus resulting in immediate
dismissal of the OCPE Program. My child will also be responsible for completing the annual fitness assessment
that may require him/her to attend before, during, or after school testing sessions.

I hereby acknowledge my understanding of this document with my signature below.

________________________________________________________________________        __________________________
Parent Signature                                                        Parent’s Printed Name

________________________________________________________________________
Address

Home phone ______________________________   Date _________________________________

The Commercial Establishment we have chosen: ________________________________________

Address: __________________________________________ Phone ___________

Instructor’s Name ___________________________________ He/She is aware of this request.

Revised 12/16/19
SEMESTER REPORT

IT IS THE RESPONSIBILITY OF THE INSTRUCTOR/VENDOR TO SEE THAT THIS “Semester Report” is faxed to the campus Registrar prior to the end of the semester. (Dec. 11, 2020 and May 14, 2021)

This is only an example of the form the instructor/vendor will receive with their application packet. NO STUDENT IS TO RETURN ANY SEMESTER REPORT TO THEIR COUNSELOR/REGISTRAR.

Student’s Name ________________________________________________________________

Commercial Establishment __________________________________________________________________________________________

Instructor’s Name ________________________________________ Phone _______________________

Student’s home campus __________________________ Student’s Grade Level __________

Number of absences ___________ Conduct ___________________________

Grade (Middle School): Pass Fail (Circle One)

Numeric Grade (High School) _________

_________________________ ____________________________
Instructor’s Signature Date

Comments: _______________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________