

# Physical Education Waivers

## Commissioner's Criteria

Request for waivers for approval of private or commercially sponsored physical activity programs will be considered under two categories.

These are:

**Category 1** *(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 participating at this level may receive a maximum of one-half credit per semester. A total of four credits may be earned toward state high school graduation credits.

Students qualifying and participating at this level may be dismissed from school one period (*approximately one hour*) per day for such participation. Students dismissed must not be permitted to miss any academic class (*other than physical education*).

**Category 2** *(Waivers in Category 2 must be approved by the local board but do not require submission or 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 (5) hours per week**.

Students participating at this level may receive a maximum of one-half credit per semester. A total of four credits may be earned toward state high school graduation requirements.

Students certified to participate at this level may not be dismissed from any part of the regular school day.

In all cases, it is the responsibility of the superintendent or his/her designee to certify both the level of participation and the quality of the program. Additionally, the district is responsible for monitoring and recording the attendance of the students involved.

Written board policies must be adopted authorizing the private or commercially sponsored physical activity programs to substitute for physical education.

**Conroe Independent School District  
Physical Education Off-Campus Checklist**

**Original to be returned to the student's counselor no later than the last day for schedule changes.**

**To be completed by the parent/guardian.**

Please print

Today's date \_\_\_\_\_

Student's First name \_\_\_\_\_

Last name \_\_\_\_\_

I.D. number \_\_\_\_\_

Current grade level \_\_\_\_\_

Activity \_\_\_\_\_

Current campus \_\_\_\_\_

Campus next fall \_\_\_\_\_

**To be completed by the commercial establishment - must match information on file in Administration Office.**

Please print

Commercial establishment \_\_\_\_\_

Address \_\_\_\_\_

Facility contact person \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Facility contact person signature \_\_\_\_\_

**The above named student's instruction schedule will be:**

	Start time	Finish time
Monday	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Tuesday	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Wednesday	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Thursday	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Friday	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Saturday	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Sunday	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

Total hours per week \_\_\_\_\_ • Minimum five hours (Category 2) • Minimum 15 hours (Category 1)

Instruction will **start** on this date \_\_\_\_\_

Instruction will **end** on this date \_\_\_\_\_

The number of days of instruction for each semester will be: **Fall** \_\_\_\_\_

**Spring** \_\_\_\_\_

The student's ability could be described as:  Beginner  Intermediate  Advanced

Is this student preparing to enter olympic-level competition?  Yes  No

**To be completed by the school counselor.**

Commercial establishment is on the current approved list:  Yes  No

The student qualifies for:  **Category 1:** Early dismissal/late arrival  **Category 2**

Counselor's signature \_\_\_\_\_

**Below for High School Intent to Participate only:**

1st Semester \_\_\_\_\_

2nd Semester \_\_\_\_\_

**To be completed by central administration.**

Received \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Remitted to campus \_\_\_\_\_

Reason for denial \_\_\_\_\_

Notes \_\_\_\_\_

Coordinator of Physical Education signature \_\_\_\_\_

Phone number \_\_\_\_\_

Campus principal's signature for application *change approval* only \_\_\_\_\_

Phone number \_\_\_\_\_

Conroe Independent School District  
**Physical Education Credit — Off-Campus Permission Form**  
To be completed by the parent/guardian • To be returned to the student's counselor  
*This form is due to the student's counselor no later than the last day for schedule changes.*  
**Off-campus private P.E. is a year-long commitment.**

Please print

This will serve as my request that the Conroe Independent School District grant physical education credit for both semesters of the **2013-2014 school year** to my  son  daughter

Student's *First name* \_\_\_\_\_ *Last name* \_\_\_\_\_

I.D. number \_\_\_\_\_

Currently enrolled in grade \_\_\_\_\_ at (school) \_\_\_\_\_ for the **2013-2014 school year**.

**Note:** If your student already has one credit of physical education (*high school only*), grades will be recorded for

Fall semester  Both semesters      Parent initials \_\_\_\_\_

The following commercial establishment from the current **Conroe ISD** approved list will be providing instruction.

Establishment name \_\_\_\_\_ Phone \_\_\_\_\_

Contact person \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

My child's instructor will be \_\_\_\_\_ and he/she is aware of this request. I understand that my child may receive up to four (4) credits on the basis of one-half credit per semester and this will satisfy the Texas Education Agency requirement for physical education instruction or they may be used for local elective credit. Intermediate/Junior High PE requirements may also be met through participation in approved off-campus programs. I have been informed that if for any reason my child does not complete the entire semester, he/she will not receive any partial credit. I understand that if my child can not fulfill/maintain the requirements of the program, he/she will be removed from Off-Campus Physical Education and reassigned to a campus program. I accept the responsibility of seeing that the establishment provides **Conroe ISD** with all necessary information and reports required prior to the deadlines set by the district. Furthermore I acknowledge that the **Conroe ISD** will not provide transportation to or from the establishment, does not endorse any commercial training program, and the approval of the application does not constitute any assurance as to the qualifications of the instructors or to the quality and safety of the equipment and facilities.

The undersigned, being the parent or legally appointed and qualified guardian of \_\_\_\_\_, a student in the Conroe Independent School District, does hereby consent to said student's participation in this commercial training program. I further agree to hold the Conroe Independent School District, its Board of Trustees, administration, and/or faculty, harmless from all liability for any injuries which said student may receive while participating in this program, or while traveling to or from such program. I also understand that if my child is excused from the first period of the day, arrival time on campus should not be more than 10 minutes prior to the second period bell; furthermore, if my child is excused the last period of the day, departure time should be no later than 10 minutes after the tardy bell for the last period class.

Print name of parent or guardian

Signature of parent or guardian

Date

# Conroe ISD Parent Guidelines for Off-Campus Physical Education Waiver

- 1) Establishment applications must be completed and returned to the Conroe ISD AHPER Off Campus PE Department by March 22, 2013 for the 1st deadline and March 23-28, 2013 for the late fee deadline to be included on the list that will be distributed to the counselors. This list will be used in scheduling for the upcoming school year (*fall & spring*).

Establishments must provide copies of any certifications and /or proof of documentation of advanced training for consideration for Category I.

An annual non-refundable \$100 fee per establishment (+\$50.00 for the late fee) will be charged to cover administration costs associated with the review of the program as required by the Texas Education Agency.

Student applications must be completed and returned to the students' counselor by the schedule change deadline date each semester in which the student is attempting to gain credit. Establishments must provide copies of certifications and advanced training for consideration for Category I.

- 2) Students must be enrolled for the entire semester. Failure to complete the semester *for any reason* may result in a failing grade (F). **(Off-Campus Private PE is a Year-long commitment.)**
- 3) Students participating in Category I (15+ hours), must maintain the 15+ hours of participation per week throughout the entire school year. Failure to do so will result in removal from the Category I program. Students will be reassigned to a campus program.
- 4) Students must be in attendance, depending on the category, the required minimum number of hours per week for at least the minimum required hours per week. An average semester is 87 days. This equates to 17 weeks minimum attendance per semester. A student must be accumulating the **required five or 15 hours per week for the entire semester.**
- 5) **Absences:** A student who has a total of more than the equivalent of three days absences in a semester will not receive credit for the semester. If a student is accumulating the required number of hours in less than five days a week; *each absence would count as 1 ½ or 2 days depending on the number of hours missed* on that day. **A student can make up missed days. The number of absences a student has must be recorded on the Credit Verification Form and a photo copy of the form must be sent to the student's counselor at the end of every grading period by email, mail or fax.**
- 6) Students, who "drop out" of the program prior to the end of the semester, may receive a failing grade (F), and the "Original" Credit Verification Form must be returned to the student's counselor immediately.
- 7) Final/original Credit Verification Form, with the instructor's signature is due to the student's counselor five days prior to the end of semester, with the *actual grade* and *the total absences for the semester* by mail, fax, email or hand delivered by the agency coordinator. Please refer to [www.conroeisd.net](http://www.conroeisd.net) for a current calendar.
- 8) The Conroe Independent School District reserves the right to issue a grade based on the information available from the establishment.
- 9) Student attendance records and journal should be maintained at all times and available for inspection by the Coordinator of Physical Education for Conroe ISD.
- 10) All conditions as outlined in the student's application shall be adhered to by the commercial establishment.
- 11) **Team Club Sports** (*1/2 credit per year*) - *No P.E. credit will be given for participation in a team sport for which CISD fields a UIL team.* PE credit (*see # 4 below*) will be given for participation in non-UIL activities on campuses which sanction a club in that activity. Examples could be lacrosse, ice hockey, field hockey, roller hockey, etc. (*if that club is sanctioned*).

#### **In order for a Team Club to be sanctioned:**

1. Team Clubs must be approved by the campus principal.
2. Team Clubs **must have an adult sponsor/coach who is a CISD employee.** This sponsor/coach must be present at **ALL** practices and events.
3. The student must comply with participation requirements as set forth by the UIL
4. Students shall **only earn one-half credit for the entire school year if they remain with the club team for the entire sports season.**
5. Team Club sports are handled at **campus level only.**
6. Attendance records must be turned in to the counselor every **three weeks**, by noon on Friday for each reporting period.

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#### **Please print:**

Student name \_\_\_\_\_ Phone \_\_\_\_\_

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

Parent/Guardian signature \_\_\_\_\_

**Make a photocopy of these guidelines for your file and return the original to the student's counselor.**