

GUIDELINES
FOR OFF-CAMPUS PHYSICAL EDUCATION WAIVER

- 1) Establishment applications must be completed and returned to the KLEIN ISD Physical Education Department (Central Administration Building) by August 15 to be included on the list that will be distributed to the counselors. This list will be used in scheduling for the upcoming calendar year (spring & fall semester).

Establishments currently on the approved list will be asked to update their application between May 1st and July 1st each year.

Student applications must be completed and returned to the student's counselor by the schedule change deadline date each semester in which the student is attempting to gain credit.

- 2) Students must be enrolled for the entire semester. Failure to complete the semester for any reason will result in a failing grade (F).
- 3) 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 5 or 15 hours per week for the entire semester.
- 4) ABSENCES: A student who has a total of more than the equivalent of 8 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 1½ 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 six weeks grading period.
- 5) Students who "drop out" of the program prior to the end of the semester, will receive a failing grade (F), and the "Original" Credit Verification Form must be returned to the student's counselor immediately.
- 6) A final/original Credit Verification Form, with the instructor's signature is due to the student's counselor prior to **January 7** for the fall semester and **May 27** for the spring semester, with the pass/fail recommendation and the total absences for the semester.
- 7) The Klein Independent School District reserves the right to issue a grade based on the information available.
- 8) Student attendance records should be maintained at all times and available for inspection by the representative of the KLEIN ISD.
- 9) All conditions as outlined in the student's application shall be adhered to by the commercial establishment.

Name: _____ Phone: _____

Parent/Guardian: _____ Date: _____

MAKE A PHOTOCOPY OF THESE GUIDELINES AND RETURN THE ORIGINAL TO THE
STUDENT'S COUNSELOR

AUGUST 2008

**PHYSICAL EDUCATION, OFF-CAMPUS CREDIT VERIFICATION
KLEIN INDEPENDENT SCHOOL DISTRICT**

.....
RETURN A PHOTOCOPY OF THIS FORM TO THE COUNSELOR AT THE END OF EVERY 6-WEEKS
.....

Student's Last Name _____ First Name _____ MI _____

I.D. Number _____ Grade _____ Campus _____

Address _____

City _____ State _____ Zip _____ Phone _____

Counselor's Name: _____ Phone: _____ Fax: _____

Commercial Establishment _____ Phone: _____

Address _____

City _____ State _____ Zip _____ Fax: _____

Contact Person: _____ Best time to reach same: _____

Category I _____ Category II _____ Student attends # _____ days per week, # _____ hours per day.

1st / 4th Six Weeks # Days Present _____ # Days Absent _____ Total Hours _____

2nd / 5th Six Weeks # Days Present _____ # Days Absent _____ Total Hours _____

3rd / 6th Six Weeks # Days Present _____ # Days Absent _____ Total Hours _____

TOTAL # Days Present _____ # Days Absent _____ Total Hours _____

Commercial Establishment: Complete this Section at the end of the semester:

FOR FALL / SPRING - SEMESTER SCHOOL YEAR: 20 _____ PASS: _____ FAIL: _____

Signature of Instructor / Program Director: _____ Date: _____

Return to the school counselor no later than **January 7** for the fall semester and **May 27** for the spring semester.

Student has WITHDRAWN from the program:

If at any time during the semester the student withdraws from your program, regardless of the reason, sign and date this form and return to the school counselor immediately.

Signature of Instructor / Program Director _____ Date: _____

SCHOOL USE ONLY

Counselor Signature: _____ Category I _____ Category II _____

State Credit: _____ Local Credit: _____ Comments: _____

Date: _____

August 2008

**This form MUST be given to the approved facility.
The facility MUST FAX or MAIL this completed form each 6 weeks to:**

**Klein High School
ATTN: Registrar
16715 Stuebner Airline
Klein, TX 77379-7376
FAX: 832-484-7820**

PHYSICAL EDUCATION CREDIT – OFF-CAMPUS PERMISSION FORM
 TO BE COMPLETED BY THE PARENT OR GUARDIAN
 TO BE RETURNED TO THE STUDENT’S COUNSELOR

Due to the student's counselor no later than the last day for schedule changes
 for the semester in which the student is attempting to gain credit.

This will serve as my request that the Klein Independent School District grant physical education credit
 for the (fall) (spring) (both) semesters of the 20____-20____ school year to my (son) (daughter)

First Name _____ Last Name _____ ID # _____ currently
 enrolled in grade _____ at _____ school.

The following commercial establishment from the current KLEIN 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 two (2) 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 PE requirements may also be met through
 participation in approved off-campus programs. The grades earned will be either “pass” or “fail.” 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 accept the responsibility of seeing that the establishment provides KLEIN ISD with all
 necessary information and reports required prior to the deadlines set by the district. Furthermore I
 acknowledge that the KLEIN 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 Klein Independent School District, does hereby consent to said student’s participation in this
 commercial training program. I further agree to hold the Klein 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.

 Signature of Parent or Guardian

 Date

Effective: June 5, 1989

Revised: January 1990

Revised: May 1998

**PHYSICAL EDUCATION, OFF-CAMPUS CHECKLIST
TO BE RETURNED TO THE STUDENT'S COUNSELOR**

Due to the student's counselor no later than the last day for schedule changes for the semester in which the student is attempting to gain credit.

TO BE COMPLETED BY THE PARENT/GUARDIAN:

STUDENT'S NAME: FIRST _____ LAST _____ ID # _____

CURRENT CAMPUS: _____ NEXT FALL: _____

CURRENT GRADE LEVEL: _____ ACTIVITY: _____

TO BE COMPLETED BY THE COMMERCIAL ESTABLISHMENT:

COMMERCIAL ESTABLISHMENT: _____

CONTACT PERSON: _____ PHONE: _____

ADDRESS: _____ FAX: _____

THE ABOVE NAMED STUDENT'S INSTRUCTION SCHEDULE WILL BE:

Monday:	Start @ _____	a.m. / p.m.	Finish @ _____	a.m. / p.m.
Tuesday:	Start @ _____	a.m. / p.m.	Finish @ _____	a.m. / p.m.
Wednesday:	Start @ _____	a.m. / p.m.	Finish @ _____	a.m. / p.m.
Thursday:	Start @ _____	a.m. / p.m.	Finish @ _____	a.m. / p.m.
Friday:	Start @ _____	a.m. / p.m.	Finish @ _____	a.m. / p.m.
Saturday:	Start @ _____	a.m. / p.m.	Finish @ _____	a.m. / p.m.
Sunday:	Start @ _____	a.m. / p.m.	Finish @ _____	a.m. / p.m.

Total hours per week: _____ // Minimum 5 hours (Category 2) // Minimum 15 hours (Category 1) //

Instruction will start on this date: _____ and 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 _____ Do Not Know _____

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 _____

Student qualifies for Category 1 _____ Category 2 _____: Early Dismissal // Late Arrival

Student will receive: State _____ Local _____ Credit:

Effective: June 5, 1989
Revised: June 1993
Revised: May 1998