

**PLANO INDEPENDENT SCHOOL DISTRICT  
OFF-CAMPUS PHYSICAL EDUCATION APPLICATION  
2009-2010**

**ATTENTION:** Only students involved in the activities of **ART SKATING, DANCE, EQUESTRIAN, FENCING, GYMNASTICS, ICE HOCKEY, ICE SKATING, MARTIAL ARTS, SWIMMING, TENNIS, TRACK CYCLING, LACROSSE, ROCK CLIMBING, MIDDLE SCHOOL GOLF, and TABLE TENNIS** will be considered for participation. In order for this application to be considered for any semester, it must be completed and returned to **MELANIE KELLEY, 2700 West 15<sup>th</sup> Street, Plano, TX 75075**, along with the correct participation fee no later than the end of the **SECOND** week of the semester being considered. You can make your OCPE payment via VISA, MC or Discover at [www.pisd.edu](http://www.pisd.edu) through PayPAMS. Once you have made your PayPAMS payment and have a confirmation number to include, you may fax your application to Melanie Kelley at 469-752-8031. You may still send a check or money order made payable to PISD for your OCPE payment.

**TO BE COMPLETED BY STUDENT (PLEASE PRINT)**

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_  
 SEX: M \_\_\_\_\_ F \_\_\_\_\_ Grade \_\_\_\_\_ STUDENT ID # (REQUIRED ITEM) \_\_\_\_\_  
 PARENT/GUARDIAN \_\_\_\_\_ COUNSELOR \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_ ACTIVITY/SPORT \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE TX ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

I am applying for Off-Campus PE: Semester 1 \_\_\_\_\_ Semester 2 \_\_\_\_\_ Both Semesters \_\_\_\_\_

CATEGORY 1 (15 HRS/WK) \_\_\_\_\_ Circle One: I want my schedule to reflect OCPE class: Circle A.M. or P.M.

CATEGORY 2 (MUST REMAIN ON CAMPUS- 10 HRS/WK) \_\_\_\_\_

NAME OF FACILITY /PRACTICE FIELD/CLUB \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

GRADE SHEETS WILL BE SENT VIA EMAIL \_\_\_ OR FAX \_\_\_ (check one) Provide appropriate information below:

INSTRUCTOR'S EMAIL ADDRESS or Fax Number: \_\_\_\_\_

INSTRUCTOR'S NAME (Please Print) \_\_\_\_\_ HOME/CELL PHONE \_\_\_\_\_  
**PHONE NUMBER MUST BE INCLUDED WHERE INSTRUCTOR CAN BE REACHED FOR GRADES/ATTENDANCE.**

**TO BE COMPLETED BY SCHOOL OFFICIAL**

The purpose of the Off-Campus Physical Education Program is to accommodate students who are making a serious effort to develop high-level capabilities and to allow them to be involved in a program that provides training exceeding that offered in the school district. This student is taking this course for physical education credit and he/she may not be enrolled in another physical education class or athletics while participating in the Off-Campus Physical Education Program. Students participating in this program may receive a maximum of one half credit per semester. One and a half credits of Physical Education are required to graduate. If this student has previously earned a maximum of two credits of physical education, he/she may still enroll in the Plano ISD Off-Campus Physical Education Program but receive **NO CREDIT** toward state high school graduation requirements.

COUNSELOR \_\_\_\_\_ PHONE/EXT.: \_\_\_\_\_ DATE \_\_\_\_\_

FOR DISTRICT USE ONLY			
Date received _____		CATEGORY _____	
Received by _____		HOURS _____	
Fee: _____	Amt. Paid: _____	Ck #/Cash _____	Deposit Date: _____
		PayPAMS Conf. # _____	Date Submitted: _____
	Counselor Notification: _____	DB Entry: _____	
	Approval Letter: _____	Schedule Copy: _____	

**TO BE COMPLETED BY PARENT AND STUDENT:**

**PARENT PERMISSION**

I have carefully read the guidelines for the Off-Campus Physical Education Program and I agree to comply with those regulations. I hereby release the Plano Independent School District, its employees, agents, and its Board of Trustees, from all claims or liability in any way attributable to this program, including all travel to, from, and during the program. I also understand that all liability in case of accident or hospitalization is the responsibility of the parent or of the private or commercial school. The Plano Independent School District is not responsible for accident or hospitalization insurance. I understand that the Plano Independent School District has no control over the daily activities of the program, quality of the program, or qualification of the instructor in the program.

My son/daughter \_\_\_\_\_ has permission to participate in the Off-Campus

Physical Education Program for \_\_\_\_\_ at \_\_\_\_\_  
Name of Sport/Activity Facility/Practice Field/Club

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**THE ENROLLMENT FEE OF \$125.00 PER SEMESTER IS IN EFFECT EACH SEMESTER UNLESS A SINGLE PAYMENT OF \$200.00 IS MADE FOR BOTH SEMESTERS AT THE BEGINNING OF THE YEAR. IF A STUDENT DROPS OCPE, A NON-REFUNDABLE \$50.00 FEE will be subtracted from your original payment for one /both semesters in the event of a refund. NO STUDENT WILL BE ENROLLED WITHOUT PAYMENT. CHECKS ARE MADE PAYABLE TO PLANO ISD. VISA, MC, and Discover are accepted through PayPAMS for OCPE on the PISD Web site at [www.pisd.edu](http://www.pisd.edu). Mail completed application and fee (if by check) to Melanie Kelley, Coordinator Off-Campus Physical Education, Plano ISD, 2700 West 15<sup>th</sup> Street, Plano, TX 75075. If PayPAMS payment has been made online with a confirmation number to include, you may fax the application to Melanie Kelley at 469-752-8031.**

**TENTATIVE SCHEDULE - TO BE COMPLETED AND SIGNED BY THE INSTRUCTOR**

The student must participate in his/her activity, under professional supervision, a minimum of 10 hours each week for Category 2 (cannot leave campus) OR a minimum of 15 hours for Category 1 (can leave campus one class period early) at one approved agency. The record concerning daily attendance, grades, etc. must be completed and returned to the program coordinator on the appropriate dates. The student is required to participate a minimum of four (4) days during the week (Monday through Friday) plus one (1) additional day that may fall on either the weekend or during the week for a total of five (5) days per week.

	<b>Beginning Time</b>	<b>Ending Time</b>	<b>Site Location/Address</b> TEAM NAME/TEAM #, if applicable
MONDAY	_____	_____	_____
TUESDAY	_____	_____	_____
WEDNESDAY	_____	_____	_____
THURSDAY	_____	_____	_____
FRIDAY	_____	_____	_____
SATURDAY	_____	_____	_____
SUNDAY	_____	_____	_____

**UNANNOUNCED SITE VISIT CHECKS WILL BE MADE PERIODICALLY EACH SEMESTER BY THE ATTENDANCE OFFICERS.**

The following schedule must be completed, signed/dated by the instructor before the application will be processed. The student/instructor should notify Melanie Kelley, 469-752-8198 or by email [Melanie.Kelley@pisd.edu](mailto:Melanie.Kelley@pisd.edu) , if a change occurs in the student's practice schedule or facility. Any change to a schedule should be by Monday of the week it changes to eliminate unnecessary and costly attendance officer site visits. As a qualified professional instructor, your signature verifies the above schedule and the adherence of the athlete to this schedule.

**THIS APPLICATION IS INVALID WITHOUT THE INSTRUCTOR'S SIGNATURE AND DATE.**

INSTRUCTOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_