

**For Office Use Only:**

Date Rec'd: \_\_\_/\_\_\_/\_\_\_

Initials: \_\_\_\_\_

**AUSTIN INDEPENDENT SCHOOL DISTRICT  
OFF-CAMPUS PHYSICAL EDUCATION WAIVER PROGRAM  
STUDENT INFORMATION AND DISTRICT APPROVAL FORM**

*This form must be completed and signed before approval will be considered to acknowledge the understanding of the OCPE Program criteria and requirements.*

**Please Print:** Student Name: \_\_\_\_\_

Student ID # (if known): \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Middle School Campus: \_\_\_\_\_ Grade Level: \_\_\_\_\_ School Year 20\_\_ - 20\_\_

**Category II only** Please choose: \_\_\_Fall Semester OR \_\_\_Spring Semester

Counselor Name: \_\_\_\_\_ Counselor's Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

*This information must be provided to the Agency*

High School Campus: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Please choose: \_\_\_Category I OR \_\_\_Category II \_\_\_Fall Semester \_\_\_Spring Semester \_\_\_Both Semesters

Counselor Name: \_\_\_\_\_ Counselor's Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

*This information must be provided to the Agency*

Agency Name: \_\_\_\_\_ Agency Telephone: \_\_\_\_\_

Agency Coordinator Name: \_\_\_\_\_

Agency Coordinator Email: \_\_\_\_\_

*This information must be provided to the student's counselor*

This OCPE Program Application is for a waiver program that will allow the applying student to receive AISD course credit for the activities described in the Individual Training Plan at the Agency named in this Application. Student, Parent, and OCPE Agency Coordinator, by signing this Application, acknowledge their understanding that this Program will substitute for a course that may be **required for graduation**, and that failure to complete any of the Program requirements or submit information in a timely manner **may result in the Student receiving a failing grade**.

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

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

\_\_\_\_\_  
Principal Signature or Designee (School Counselor) Date

\_\_\_\_\_  
OCPE Agency Coordinator Signature only Date

*Completed packets must be turned into the Physical Education Office on or before the first day of the fall or spring semester. There will be no exceptions for late or incomplete applications.*

**AUSTIN INDEPENDENT SCHOOL DISTRICT  
OFF-CAMPUS PHYSICAL EDUCATION PROGRAM  
INDIVIDUAL TRAINING PLAN**  
(Must be completed by the approved OCPE Agency Coordinator only)

Agency site name where the student will be participating \_\_\_\_\_

Address of where student will be participating (include alternative address if appropriate) \_\_\_\_\_  
\_\_\_\_\_

OCPE Agency Coordinator's Name \_\_\_\_\_

Student's Instructor (if different than OCPE Agency Coordinator) \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's Grade \_\_\_\_\_

Student's School: \_\_\_\_\_

\_\_\_\_\_ Fall Semester                      \_\_\_\_\_ Spring Semester                      \_\_\_\_\_ Both Semesters

\_\_\_\_\_ Category I (High School only)      \_\_\_\_\_ Category II

**OCPE Agency Coordinator must supply one of the following for students applying for Category I**

- a copy of the entry form for Olympic or national participation/competition
- a publication which verifies this student's Olympic or national athletic status or rank
- a copy of this student's Olympic or national athletic certification, which verifies their status or rank

The OCPE Agency Coordinator must fill out the following schedule for the participant to verify at least 5 hours of required participation for Category II or at least 15 hours of required participation for Category I.

Days of the Week	Site Name	Number of hours of participation
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		
<b>Saturday</b>		
<b>Sunday</b>		
<b>Total Hours of Participation</b>		

Signature of OCPE Agency Coordinator \_\_\_\_\_

Date \_\_\_\_\_

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**RELEASE OF LIABILITY  
AND PERMISSION TO PARTICIPATE  
IN THE OFF-CAMPUS PHYSICAL EDUCATION  
EQUIVALENT PROGRAM**

I hereby give permission for my child to participate in the Off Campus P.E. program. I understand certain hazards are associated with this activity and hereby agree to assume any and all risks surrounding my child's participation in this program. I also assume any and all risk surrounding the transportation of my child to and from these activities.

I hereby release the Austin Independent School District, its Board of Trustees, the school's employees, agents, and volunteers in both their official and individual capacities from any and all liability, claims, suits, damages or causes of action whatsoever for any property damage or personal injury sustained by my child that may arise in connection with his or her participation in this activity and his or her transportation described above.

Having read this Release and Permission to Participate form, I agree to the terms and conditions expressed herein.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
**Printed Name of Parent or Legal Guardian**

\_\_\_\_\_  
**Home Phone**

\_\_\_\_\_  
**Parent or Legal Guardian's Signature**

\_\_\_\_\_  
**Work Phone**

**Student's Name:** \_\_\_\_\_

**Student's Campus:** \_\_\_\_\_

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