

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

**PARENT PERMISSION**

I have carefully read the guidelines for the Keller Independent School District Off-Campus Physical Education Program and I agree to comply with those regulations. I hereby release the Keller Independent School District, its employees, agents, and its Board of Trustees, from all claims or liability in any way attributes 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 Keller Independent School District is not responsible for accident or hospitalization insurance. I understand that the Keller 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 Erin Bradshaw has permission to participate in the Off-Campus Physical Education Program for competitive horse showing at Simons Show Horses, Off-Campus facility Aubrey, Texas.

Parent/Guardian Signature Charles B. Conau Date 4/24/05

Student Date 4/24/05 Signature Erin Bradshaw

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

The student must participate in his/her activity, under professional supervision, a minimum of: (A. Category one- 15 hours) or (B. Category Two- 10 hours) each week at one approved agency. The records concerning daily attendance, grades, records of competition, contest results, etc. must be completed and returned to the program coordinator on appropriate dates.

The following schedule must be completed and signed by the instructor before the application will be considered. The instructor/facility should notify the Athletic Department at 817-744-1066, if change occurs in the schedule.

	Beginning Time	Ending Time	Activity
Monday	1:00-4:00 each day but it would be from the time school is dismissed w/a 30 minute drive		horse training/coaching
Tuesday	+ training for 3 hours each week day.		
Wednesday			
Thursday			
Friday			

Saturday } she will be attending shows throughout  
Sunday } the year that are usually announced  
in Dec. of each year for the following  
year.

Instructor Signature Andrea Simon

Date May 8, 2005

For Category 1 waivers only:

As a qualified professional instructor, your signature verifies the above schedule and recommends this student possesses the ability to potentially develop into an Olympic-caliber performer.

**KELLER INDEPENDENT SCHOOL DISTRICT  
OFF-CAMPUS PHYSICAL EDUCATION APPLICATION**

ATTENTION: In order for this application to be considered for any semester/quarter, it must be completed and returned to the office manager in the Counseling Center prior to the beginning of the semester/quarter for which the request is made.

TO BE COMPLETED BY STUDENT

NAME Erin Haley Bradshaw SCHOOL Keller High School

SEX: M \_\_\_ F  GRADE 10 <sup>but proposed for Grade 11</sup> STUDENT ID# 618424

PARENT/GUARDIAN Charla Bradshaw COUNSELOR Ms. Holice is her vice  
Conner principle.

ADDRESS 4101 Aspen Ln ACTIVITY competitive horse showing.

CITY Westlake, TX ZIP 76262 TELEPHONE 817-233-3752

I am applying for admission into Off-Campus P.E. for:

(MS) Semester 1 \_\_\_ Semester 2 \_\_\_ Both Semesters \_\_\_

(HS) Quarter 1  Quarter 2  Quarter 3  Quarter 4

Name of Facility Simons Show Horses Telephone 940  
Address Hwy 377 + Friendship Rd City Aubrey, TX Zip 76227  
Instructor Andrea Simons Home Phone 940-365-9270

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, and/or not offered on the student's campus.

Activities such as **ICE SKATING, DANCE, BALLET, GYMNASTICS, FENCING, and EQUESTRIAN** are examples of activities that will be considered. 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.

COUNSELOR Linda Hubbard DATE 5/11/05 CATEGORY 1 2

FOR DISTRICT USE ONLY  
Date rec'd 5-12-05 Hours 15+

Rec'd by B.S. Hours for regular P.E. class 7.5

Athletic Director [Signature] Date 6-7-05

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My son/daughter, Joseph Nibarger has permission to participate in the Off-Campus Physical Education Program for Ballet at North Central Civic Ballet  
Off-Campus/Activity Off-Campus facility

Parent/Guardian Signature [Signature] Date 5-4-05

Student Date 5-4-05 Signature Joseph Nibarger

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

The student must participate in his/her activity, under professional supervision, a minimum of: (A. Category one- 15 hours) or (B. Category Two- 10 hours) each week at one approved agency. The records concerning daily attendance, grades, records of competition, contest results, etc. must be completed and returned to the program coordinator on appropriate dates.

The following schedule must be completed and signed by the instructor before the application will be considered. The instructor/facility should notify the Athletic Department at 817-744-1066, if change occurs in the schedule.

	Beginning Time	Ending Time	Activity
Monday	<u>5:00 Pm</u>	<u>9:00 Pm</u>	<u>Classical Ballet Training / Coaching / Rehearsal</u>
Tuesday	<u>"</u>	<u>"</u>	<u>"</u>
Wednesday	<u>"</u>	<u>"</u>	<u>"</u>
Thursday	<u>"</u>	<u>"</u>	<u>"</u>
Friday	<u>"</u>	<u>"</u>	<u>"</u>

Saturday 10:00 AM - 4:00 PM "

Sunday —

Instructor Signature Leah M. Jordan III, Executive Director  
Date April 27, 2005

For Category 1 waivers only:

As a qualified professional instructor, your signature verifies the above schedule and recommends this student possesses the ability to potentially develop into an Olympic-caliber performer.

KELLER INDEPENDENT SCHOOL DISTRICT  
OFF-CAMPUS PHYSICAL EDUCATION APPLICATION

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TO BE COMPLETED BY STUDENT

NAME Joseph Nibarger SCHOOL Central High  
SEX: M  F  GRADE 11 STUDENT ID# 659-387  
PARENT/GUARDIAN Dianne N. COUNSELOR Belew  
ADDRESS 4712 Waterway Dr. N. ACTIVITY Ballet  
CITY Ft. Worth ZIP TX TELEPHONE 817-428-8193

I am applying for admission into Off-Campus P.E. for:

(MS) Semester 1  Semester 2  Both Semesters

(HS) Quarter 1  Quarter 2  Quarter 3  Quarter 4

Name of Facility North Central Ballet Telephone 817-428-8237  
Address Wuliger way City NRH Zip 76180  
Instructor Les Jordan III Home Phone 817-723-7723

TO BE COMPLETED BY SCHOOL OFFICIAL

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Activities such as *ICE SKATING, DANCE, BALLET, GYMNASTICS, FENCING, and EQUESTRIAN* are examples of activities that will be considered. 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.

COUNSELOR \_\_\_\_\_ DATE 6-7-05 CATEGORY 1 2

FOR DISTRICT USE ONLY

Date rec'd 6-7-05

Hours 22

Rec'd by [Signature]

Hours for regular P.E. class 25

Athletic Director [Signature]

Date 6-7-05



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My son/daughter Michelle Harrald has permission to participate in the Off-Campus Physical Education Program for dance individuals at Texas Stars Off-Campus Activity Off-Campus facility

Parent/Guardian Signature Jay Harrell Date 05/20/05

Student Date 05/09/05

Signature Michelle Harrald

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

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The following schedule must be completed and signed by the instructor before the application will be considered. The instructor/facility should notify the Athletic Department at 817-744-1066, if change occurs in the schedule.

	Beginning Time	Ending Time	Activity
Monday	<u>5:00</u>	<u>7:30</u>	<u>Technique</u>
Tuesday	<u>4:15</u>	<u>7:00</u>	<u>choreography</u>
Wednesday	<u>4:15</u>	<u>7:00</u>	<u>choreography</u>
Thursday	<u>5:30</u>	<u>7:30</u>	<u>Technique/conditioning</u>
Friday	<u>~~~~~</u>		

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Instructor Signature \_\_\_\_\_

Date 5/22/05 \_\_\_\_\_



For Category 1 waivers only:

As a qualified professional instructor, your signature verifies the above schedule and recommends this student possesses the ability to potentially develop into an Olympic-caliber performer.



KELLER INDEPENDENT SCHOOL DISTRICT  
OFF-CAMPUS PHYSICAL EDUCATION APPLICATION

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TO BE COMPLETED BY STUDENT

NAME Michelle Harvold SCHOOL Central High  
SEX: M  F  GRADE 11 STUDENT ID# 1038977  
PARENT/GUARDIAN Dottie Harvold COUNSELOR Belew  
ADDRESS 7525 LOS Padres ACTIVITY Dance  
CITY FL WORTH ZIP 76137 TELEPHONE 817-514-9080

I am applying for admission into Off-Campus P.E. for:

(MS) Semester 1  Semester 2  Both Semesters

(HS) Quarter 1  Quarter 2  Quarter 3  Quarter 4

Name of Facility Texas Stars Telephone 811-498-5700  
Address \_\_\_\_\_ City Natavuga Zip \_\_\_\_\_  
Instructor Craig Tatum Home Phone \_\_\_\_\_

TO BE COMPLETED BY SCHOOL OFFICIAL

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Activities such as **ICE SKATING, DANCE, BALLET, GYMNASTICS, FENCING, and EQUESTRIAN** are examples of activities that will be considered. 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.

COUNSELOR Belew DATE 5-10-05 CATEGORY 1 (2)  
FOR DISTRICT USE ONLY  
Date rec'd 5-10-05 Hours 10/wk  
Rec'd by B.S. Hours for regular P.E. class 7.5  
Athletic Director [Signature] Date 6-7-05

+

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My son/daughter Alex Clarke has permission to participate in the Off-Campus Physical Education Program for Gymnastics at Top Flight Off-Campus Activity Off-Campus facility

Parent/Guardian Signature Heather Clark Date 5-16-05

Student Date 5-16-05 Signature Alex Clarke

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

The student must participate in his/her activity, under professional supervision, a minimum of: (A. Category one- 15 hours) or (B. Category Two- 10 hours) each week at one approved agency. The records concerning daily attendance, grades, records of competition, contest results, etc. must be completed and returned to the program coordinator on appropriate dates.

The following schedule must be completed and signed by the instructor before the application will be considered. The instructor/facility should notify the Athletic Department at 817-744-1066, if change occurs in the schedule.

	Beginning Time	Ending Time	Activity
Monday	<u>4:45-0</u>	<u>7:45</u>	<u>Gymnastics</u>
Tuesday	<u>4:00</u>	<u>7:00</u>	<u>Gymnastics</u>
Wednesday			
Thursday	<u>4:45</u>	<u>7:45</u>	<u>Gymnastics</u>
Friday	<u>4:45</u>	<u>7:45</u>	<u>Gymnastics</u>

9

Saturday    9:00    1:00    Gymnastics

Sunday    \_\_\_\_\_

Instructor Signature \_\_\_\_\_

Date 5/20/05

For Category 1 waivers only:

As a qualified professional instructor, your signature verifies the above schedule and recommends this student possesses the ability to potentially develop into an Olympic-caliber performer.

7

**KELLER INDEPENDENT SCHOOL DISTRICT  
OFF-CAMPUS PHYSICAL EDUCATION APPLICATION**

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TO BE COMPLETED BY STUDENT

NAME Alex Clarke SCHOOL Keller Middle  
SEX: M  F  GRADE 7th STUDENT ID# \_\_\_\_\_  
PARENT/GUARDIAN Heather Clarke COUNSELOR \_\_\_\_\_  
ADDRESS 2017 Vista Rd ACTIVITY Gymnastics  
CITY Roanoke ZIP 76262 TELEPHONE 817-898-0036

I am applying for admission into Off-Campus P.E. for:

(MS) Semester 1 \_\_\_\_\_ Semester 2 \_\_\_\_\_ Both Semesters

(HS) Quarter 1 \_\_\_\_\_ Quarter 2 \_\_\_\_\_ Quarter 3 \_\_\_\_\_ Quarter 4 \_\_\_\_\_

Name of Facility Top Flight Telephone 817-481-8188  
Address 2100 Crooked Lane Blvd City Southlake Zip 76092  
Instructor John Bartlett Home Phone \_\_\_\_\_

TO BE COMPLETED BY SCHOOL OFFICIAL

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Activities such as **ICE SKATING, DANCE, BALLET, GYMNASTICS, FENCING, and EQUESTRIAN** are examples of activities that will be considered. 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.

COUNSELOR Russell Blawie DATE 6/1/05 CATEGORY (1) 2  
FOR DISTRICT USE ONLY  
Date rec'd 6-2-05 Hours 16  
Rec'd by [Signature] Hours for regular P.E. class 5  
Athletic Director [Signature] Date 6-2-05

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My son/daughter Amy Haskins has permission to participate in the Off-Campus Physical Education Program for Gymnastics at Top Flight Gymnastics Training Center Off-Campus facility

Parent/Guardian Signature [Signature] Date 04-05-05

Student Date 04-05-05 Signature [Signature]

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

The student must participate in his/her activity, under professional supervision, a minimum of: (A. Category one- 15 hours) or (B. Category Two- 10 hours) each week at one approved agency. The records concerning daily attendance, grades, records of competition, contest results, etc. must be completed and returned to the program coordinator on appropriate dates.

The following schedule must be completed and signed by the instructor before the application will be considered. The instructor/facility should notify the Athletic Department at 817-744-1066, if change occurs in the schedule.

	Beginning Time	Ending Time	Activity
Monday	4:30	8:30	Gymnastics
Tuesday	4:30	8:30	
Wednesday			
Thursday	4:30	8:30	
Friday	4:30	7:30	

Saturday

9:00 am- 1:00

Sunday

\* Please see attached Competition Schedule

Instructor Signature

LeAnn Wilson

Date 5/21/05

For Category 1 waivers only:

As a qualified professional instructor, your signature verifies the above schedule and recommends this student possesses the ability to potentially develop into an Olympic-caliber performer.

**KELLER INDEPENDENT SCHOOL DISTRICT  
OFF-CAMPUS PHYSICAL EDUCATION APPLICATION**

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**TO BE COMPLETED BY STUDENT**

NAME AMY HASKINS SCHOOL KMS

SEX: M  F  GRADE 7<sup>th</sup> STUDENT ID# \_\_\_\_\_

PARENT/GUARDIAN "DOTCHIE" DORIS HASKINS COUNSELOR Michelle Zimmerman

ADDRESS 1905 WELLINGTON CT. ACTIVITY GYMNASTICS

CITY KELLER, TX ZIP 76248 TELEPHONE 817-427-8595

I am applying for admission into Off-Campus P.E. for:

(MS) Semester 1  Semester 2  Both Semesters

(HS) Quarter 1  Quarter 2  Quarter 3  Quarter 4

Name of Facility Top Flight Gymnastics Telephone 817-481-8188  
Address 2100 Crooked Lane City Southlake Zip 76092  
Instructor Le Ann Wilson Home Phone 817-946-8091

**TO BE COMPLETED BY SCHOOL OFFICIAL**

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COUNSELOR Rebecca J Blaino DATE 5/19/05 CATEGORY (1) 2

FOR DISTRICT USE ONLY

Date rec'd 5-20-05

Rec'd by [Signature]

Hours 20

Hours for regular P.E. class 5

Athletic Director [Signature]

Date 5-20-05



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My son/daughter Chantz N. Lockwood has permission to participate in the Off-Campus Physical Education Program for swimming at the Keller Natatorium  
 Off-Campus Activity Off-Campus facility

Parent/Guardian Signature [Signature] Date 03-28-05

Student Date 03-28-05 Signature Chantz N. Lockwood

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

The student must participate in his/her activity, under professional supervision, a minimum of: (A. Category one- 15 hours) or (B. Category Two- 10 hours) each week at one approved agency. The records concerning daily attendance, grades, records of competition, contest results, etc. must be completed and returned to the program coordinator on appropriate dates.

The following schedule must be completed and signed by the instructor before the application will be considered. The instructor/facility should notify the Athletic Department at 817-744-1066, if change occurs in the schedule.

	Beginning Time	Ending Time	Activity
Monday	4 <sup>30</sup>	6 <sup>30</sup>	swim practice
Tuesday	4 <sup>30</sup>	6 <sup>30</sup>	
Wednesday	4 <sup>30</sup>	6 <sup>30</sup>	
Thursday	4 <sup>30</sup>	6 <sup>30</sup>	
Friday	4 <sup>30</sup>	6 <sup>30</sup>	

lap swimming,  
pace training,  
interval training

Saturday

8<sup>00</sup> - 10<sup>00</sup> except when @ swim meets

Sunday

\_\_\_\_\_

Instructor Signature

Date

Nancy Wendell - KSU Blue team coach  
c 940-255 0253

For Category 1 waivers only:

As a qualified professional instructor, your signature verifies the above schedule and recommends this student possesses the ability to potentially develop into an Olympic-caliber performer.

KELLER INDEPENDENT SCHOOL DISTRICT  
OFF-CAMPUS PHYSICAL EDUCATION APPLICATION

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TO BE COMPLETED BY STUDENT

NAME Charitz N. Lockwood SCHOOL Keller Middle School

SEX: M  F  GRADE 8 STUDENT ID# 628522

PARENT/GUARDIAN Robin & Wendi Lockwood COUNSELOR Becky Blaine

ADDRESS 2121 Wimpole Ct E. ACTIVITY Swimming

CITY Roanoke ZIP 76262 TELEPHONE (817) 431-3976

I am applying for admission into Off-Campus P.E. for:

(MS) Semester 1  Semester 2  Both Semesters

(HS) Quarter 1  Quarter 2  Quarter 3  Quarter 4

Name of Facility Keller Natatorium Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City Keller Zip \_\_\_\_\_  
Instructor Nancy Wendell Home Phone \_\_\_\_\_

TO BE COMPLETED BY SCHOOL OFFICIAL

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COUNSELOR Rebecca Blaine DATE 5/24/05 CATEGORY 1 2

FOR DISTRICT USE ONLY  
Date rec'd 5-25-05 Hours 12  
Rec'd by [Signature] Hours for regular P.E. class 5

Athletic Director [Signature] Date 5-25-05

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My son/daughter Kristi Wagner has permission to participate in the Off-Campus Physical Education Program for Gymnastics at US Gold Gymnastics Off-Campus Activity Off-Campus facility

Parent/Guardian Signature Dina Wagner Date 4/6/05

Student Date 4/6/05 Signature Kristi Wagner

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

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The following schedule must be completed and signed by the instructor before the application will be considered. The instructor/facility should notify the Athletic Department at 817-744-1066, if change occurs in the schedule.

	Beginning Time	Ending Time	Activity
Monday	<u>4:15</u>	<u>7:15</u>	<u>Work Out-Gymnastic</u>
Tuesday			
Wednesday			
Thursday			
Friday			

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Instructor Signature *Sina Rundle*  
Date 4/11/05

For Category 1 waivers only:

As a qualified professional instructor, your signature verifies the above schedule and recommends this student possesses the ability to potentially develop into an Olympic-caliber performer.

**KELLER INDEPENDENT SCHOOL DISTRICT  
OFF-CAMPUS PHYSICAL EDUCATION APPLICATION**

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**TO BE COMPLETED BY STUDENT**

NAME Kristi Wagner SCHOOL Keller Middle School

SEX: M  F  GRADE 8 (2005/2006) STUDENT ID# 6041108

PARENT/GUARDIAN Bob/Tina Wagner COUNSELOR \_\_\_\_\_

ADDRESS 1817 Kingsbridge In. ACTIVITY Gymnastics

CITY Roanoke ZIP 76262 TELEPHONE (817) 337-9899

I am applying for admission into Off-Campus P.E. for:

(MS) Semester 1  Semester 2  Both Semesters

(HS) Quarter 1  Quarter 2  Quarter 3  Quarter 4

Name of Facility U.S. Gold Gymnastics Telephone (817) 251-4634  
Address 1653 W Northwest Hwy City Arapahoe Zip 76051  
Instructor Tina Rundle Home Phone (817) 251-4634

**TO BE COMPLETED BY SCHOOL OFFICIAL**

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COUNSELOR Rebecca J. Blain DATE 4/20/05 CATEGORY (1) 2

FOR DISTRICT USE ONLY

Date rec'd 6-7-05

Hours 15+

Rec'd by BJ

Hours for regular P.E. class 5

Athletic Director [Signature]

Date 6-7-05



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**PARENT PERMISSION**

I have carefully read the guidelines for the Keller Independent School District Off-Campus Physical Education Program and I agree to comply with those regulations. I hereby release the Keller Independent School District, its employees, agents, and its Board of Trustees, from all claims or liability in any way attributes 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 Keller Independent School District is not responsible for accident or hospitalization insurance. I understand that the Keller 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 Emma Winkler has permission to participate in the Off-Campus Physical Education Program for Dance at Dance Studio of Dance Off-Campus Activity Off-Campus facility

Parent/Guardian Signature Hickell Wade Date April 13 2005

Student Date April 13 2005 Signature Emma Winkler


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

The student must participate in his/her activity, under professional supervision, a minimum of: (A. Category one- 15 hours) or (B. Category Two- 10 hours) each week at one approved agency. The records concerning daily attendance, grades, records of competition, contest results, etc. must be completed and returned to the program coordinator on appropriate dates.

The following schedule must be completed and signed by the instructor before the application will be considered. The instructor/facility should notify the Athletic Department at 817-744-1066, if change occurs in the schedule.

	Beginning Time	Ending Time	Activity	Total hrs
Monday	<u>3-4</u> <del>3-4</del>	<u>8-9:30</u>	<u>Dance</u>	<u>2 1/2</u>
Tuesday	<u>3-4</u>	<u>6-9</u>	<u>Dance</u>	<u>4</u>
Wednesday	<u>5</u>	<u>9:30</u>	<u>"</u>	<u>4 1/2</u>
Thursday	<u>3</u>	<u>4</u>	<u>"</u>	<u>1</u>
Friday	<u>3</u>	<u>4</u>	<u>"</u>	<u>1</u>



Saturday	<u>9:30</u>	<u>1:30</u>	<u>"</u>	Total 4
Sunday	<u>Varies</u>			
Instructor Signature				Total 17 hrs plus*
Date	<u>4/13/05</u>			

For Category 1 waivers only:

As a qualified professional instructor, your signature verifies the above schedule and recommends this student possesses the ability to potentially develop into an Olympic-caliber performer.

**KELLER INDEPENDENT SCHOOL DISTRICT  
OFF-CAMPUS PHYSICAL EDUCATION APPLICATION**

ATTENTION: In order for this application to be considered for any semester/quarter, it must be completed and returned to the office manager in the Counseling Center prior to the beginning of the semester/quarter for which the request is made.

**TO BE COMPLETED BY STUDENT**

NAME Emma Winkler SCHOOL KMS

SEX: M  F  GRADE 8 <sup>For grade</sup> STUDENT ID# \_\_\_\_\_

PARENT/GUARDIAN Michelle Winkler COUNSELOR \_\_\_\_\_

ADDRESS 3150 Merrimac Ct ACTIVITY Dance

CITY Southlake ZIP TX TELEPHONE \_\_\_\_\_

I am applying for admission into Off-Campus P.E. for:

(MS) Semester 1  Semester 2  Both Semesters

(HS) Quarter 1  Quarter 2  Quarter 3  Quarter 4

Name of Facility Dana's Studio of Dance Telephone 817 488-9753  
 Address Southlake Blvd City Southlake Zip 76092  
 Instructor Dana Bailey Home Phone \_\_\_\_\_

**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, and/or not offered on the student's campus.

Activities such as **ICE SKATING, DANCE, BALLET, GYMNASTICS, FENCING, and EQUESTRIAN** are examples of activities that will be considered. 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.

COUNSELOR Rebecca J. Blainie DATE 4/19/05 CATEGORY 1 2

FOR DISTRICT USE ONLY  
 Date rec'd 4-20-05  
 Rec'd by B.D.

Hours 17  
 Hours for regular P.E. class 5

Athletic Director [Signature]

Date 6-7-05

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

**PARENT PERMISSION**

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My son/daughter Jordan Kilkenny has permission to participate

in the Off-Campus Physical Education Program

for Gymnastics at Top Flight Gymnastics  
Off-Campus Activity Off-Campus facility

Parent/Guardian Signature Dee Kilkenny Date 4-25-05

Student Signature Jordan Kilkenny Date 4-25-05

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

The student must participate in his/her activity, under professional supervision, a minimum of: (A. Category one- 15 hours) or (B. Category Two- 10 hours) each week at one approved agency. The records concerning daily attendance, grades, records of competition, contest results, etc. must be completed and returned to the program coordinator on appropriate dates.

The following schedule *must be completed and signed by the instructor before the application will be considered.* The instructor/facility should notify the Athletic Department at 817-337-7598, if change occurs in the schedule.

	Beginning Time	Ending Time	Activity
Monday	4:45pm	8:30pm	Gymnastics
Tuesday	4:45pm	8:30pm	
Wednesday	4:30pm	7:45pm	
Thursday			
Friday	4:30pm	7:30pm	
Saturday	9:00am	1:00pm	
Sunday	Competition calendar available		Season 10/05 - Begins 1/06

Instructor Signature Angie LeAnn Wilson Date 5/2/05

**For level 1 waivers only:**

As a qualified professional instructor, your signature verifies the above schedule and recommends this student possesses the ability to potentially develop into an Olympic-caliber performer.

**P.E. Waiver  
Letter of Understanding**

As the parent/guardian of Jordan Kilkenny, I understand that it is the responsibility of the student and parent/guardian to submit completed documentation and grades to Karen Anderson in the counseling center at the end of each 3-week period.

I understand that failure to do so for a third time during the school year will result in the waiver being returned to the Keller ISD Athletic Director's Office. Revocation of the waiver will result in credit for the course being denied.

Dee Kilkenny 4/25/05      Jordan Kilkenny 4-25-05  
Parent/Guardian Signature      Date      Student Signature      Date

**KELLER INDEPENDENT SCHOOL DISTRICT  
OFF-CAMPUS PHYSICAL EDUCATION APPLICATION**

**ATTENTION:** In order for this application to be considered for any semester/quarter, it must be completed and returned to: Keller ISD, Athletic Department, Attn: Off Campus P.E., Administration Building prior to the beginning of the semester/quarter for which the request is made.

**TO BE COMPLETED BY STUDENT**

NAME Jordan Kilkenny SCHOOL Indian Springs Middle School

SEX: M  F  GRADE 7 STUDENT ID# 660808

PARENT/GUARDIAN Dee Kilkenny COUNSELOR Karen Anderson

ADDRESS 813 Forest Lakes Ct. ACTIVITY Gymnastics

CITY Keller, TX ZIP 76248 TELEPHONE 817.431.4443

I am applying for admission into Off-Campus P.E. for:

(MS) Semester 1  Semester 2  Both Semesters

(HS) Quarter 1  Quarter 2  Quarter 3  Quarter 4

*\*We would like to request that the morning period be waived rather than afternoon, if possible. Thanks!*

Name of Facility Top Flight Gymnastics Telephone 817.481.8188  
Address 2100 Crooked Lane Blvd. City Southlake Zip 76092  
Instructor LeAnn Wilson Home Phone \_\_\_\_\_

**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, and/or not offered on the student's campus.

Activities such as SWIMMING, TENNIS, ICE SKATING, GYMNASTICS, FENCING, and EQUESTRIAN are examples of activities that will be considered. This student is taking this course for physical education credit and he/she may not be enrolled in another physical education class or athletics (same sport) while participating in the Off-Campus Physical Education Program.

COUNSELOR Karen Anderson  
FOR DISTRICT USE ONLY

Date rec'd 5-2-05

Rec'd by [Signature]

Athletic Director [Signature]

DATE 5-11-05

CATEGORY (1) 2

Hours 18+

Hours for regular P.E. class 5

Date 6-7-05

TO BE COMPLETED BY PARENT AND STUDENT:

PARENT PERMISSION

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My son/daughter Courtney Kolodziej has permission to participate in the Off-Campus Physical Education Program

for Equestrian at Flaver Maud Equestrian Center  
Off-Campus Activity Off-Campus facility

Parent/Guardian Signature Jennifer Kolodziej Date 5/3/05

Student Signature Courtney Kolodziej Date 5/3/05

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

The student must participate in his/her activity, under professional supervision, a minimum of: (A. Category one- 15 hours) or (B. Category Two- 10 hours) each week at one approved agency. The records concerning daily attendance, grades, records of competition, contest results, etc. must be completed and returned to the program coordinator on appropriate dates.

The following schedule must be completed and signed by the instructor before the application will be considered. The instructor/facility should notify the Athletic Department at 817-337-7598, if change occurs in the schedule.

	Beginning Time	Ending Time	Activity
Monday			
Tuesday	<u>4:00</u>	<u>7:00</u>	<u>Horseshoe Riding</u>
Wednesday	<u>2:00</u>	<u>7:00</u>	
Thursday	<u>2:00</u>	<u>7:00</u>	
Friday	<u>2:00</u>	<u>7:00</u>	
Saturday	<u>8:00am</u>	<u>5:30 pm</u>	
Sunday	<u>12:00 noon</u>	<u>5:30 pm</u>	

Instructor Signature Jenna Fichtner Date 5-3-05

For level 1 waivers only:

As a qualified professional instructor, your signature verifies the above schedule and recommends this student possesses the ability to potentially develop into an Olympic-caliber performer.

**P.E. Waiver  
Letter of Understanding**

As the parent/guardian of Courtney Kolodziej, I understand that it is the responsibility of the student and parent/guardian to submit completed documentation and grades to Counseling in the counseling center at the end of each 3-week period.

I understand that failure to do so for a third time during the school year will result in the waiver being returned to the Keller ISD Athletic Director's Office. Revocation of the waiver will result in credit for the course being denied.

[Signature] 5/10/05  
Parent/Guardian Signature      Date

Courtney Kolodziej 5/10/05  
Student Signature      Date



**KELLER INDEPENDENT SCHOOL DISTRICT  
OFF-CAMPUS PHYSICAL EDUCATION APPLICATION**

ATTENTION: In order for this application to be considered for any semester/quarter, it must be completed and returned to: Keller ISD, Athletic Department, Attn: Off Campus P.E., Administration Building prior to the beginning of the semester/quarter for which the request is made.

**TO BE COMPLETED BY STUDENT**

NAME Courtney Kolodziej SCHOOL Indian Springs

SEX: M  F  GRADE 7 STUDENT ID# 655541

PARENT/GUARDIAN Jenni Kolodziej COUNSELOR \_\_\_\_\_

ADDRESS 1539 Briar Meadow ACTIVITY Equestrian

CITY Keller ZIP 76248 TELEPHONE 817 656-5025

I am applying for admission into Off-Campus P.E. for:

(MS) Semester 1  Semester 2  Both Semesters

(HS) Quarter 1  Quarter 2  Quarter 3  Quarter 4

Name of Facility Flower Meadow Equestrian Ctr Telephone 817 430-3142  
Address 7950 Cross Timbers Road City Flower Meadow Zip 75022  
Instructor Laura Hightower Home Phone 817 875-5042

**TO BE COMPLETED BY SCHOOL OFFICIAL**

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Activities such as SWIMMING, TENNIS, ICE SKATING, GYMNASTICS, FENCING, and EQUESTRIAN are examples of activities that will be considered. This student is taking this course for physical education credit and he/she may not be enrolled in another physical education class or athletics (same sport) while participating in the Off-Campus Physical Education Program.

COUNSELOR [Signature]

DATE 5-11-05

FOR DISTRICT USE ONLY

CATEGORY (1) 2

Date rec'd 5-12-05

Hours 30+

Rec'd by [Signature]

Hours for regular P.E. class 5

Athletic Director [Signature]

Date 5-12-05