

**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 Jennifer Lewis

SCHOOL Keller

SEX: M ☐ F ☒ GRADE 11 STUDENT ID# 622640

PARENT/GUARDIAN Jackie Lewis COUNSELOR Simmons

ADDRESS 1557 Sarah Brooks ACTIVITY figure skating

CITY Keller ZIP 76248 TELEPHONE 817-788-1152

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 Blue Line Ice Complex Telephone 817-788-5400  
Address 8650 Cardinal Ln City N Richland Zip 76180  
Instructor Meghan Haynie Home Phone 817-581-8010

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 Aileen C. Simmons DATE 4/19 CATEGORY 1 (2)

FOR DISTRICT USE ONLY

Date rec'd 4-12-04

Rec'd by [Signature]

Hours 12

Hours for regular P.E. class 7.5

Athletic Director [Signature]

Date 5-3-04

**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 Jennifer Lewis has permission to participate in the Off-Campus Physical Education Program for Ice Skating at Blue Line Skating Rink  
Off-Campus Activity Off-Campus facility

Parent/Guardian Signature Jeckie Lewis Date 4-10-04

Student Date 4/14/04 Signature Jennifer Lewis

**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    | <u>3:00 pm</u> | <u>5:00 pm</u> | <u>figure skating</u> |
| Tuesday   | <u>3:00 pm</u> | <u>5:00 pm</u> |                       |
| Wednesday | <u>3:00 pm</u> | <u>5:00 pm</u> |                       |
| Thursday  | <u>3:00 pm</u> | <u>5:00 pm</u> |                       |
| Friday    | <u>3:00 pm</u> | <u>5:00 pm</u> |                       |

Saturday

9:45-10:45, 1pm-2pm figure skating

Sunday

Instructor Signature

Date

Meghan Haynie

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 Kristi Nicole Hanaka Wagner SCHOOL Keller Middle School  
SEX: M ☐ F ☒ GRADE 7 STUDENT ID# 641108  
PARENT/GUARDIAN Bob/Tina Wagner COUNSELOR Janet Cooksey/7<sup>th</sup> grade  
ADDRESS 1817 Kingsbridge Ln 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 Grapevine Zip 76051  
Instructor Tina Rundle Home Phone (817) 251-4634

**TO BE COMPLETED BY SCHOOL OFFICIAL**

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COUNSELOR Janet Cooksey DATE 2/18/04 CATEGORY ① 2  
FOR DISTRICT USE ONLY  
Date rec'd 2/18/04 Hours 15  
Rec'd by [Signature] Hours for regular P.E. class 7.5  
Athletic Director [Signature] Date 5-30-04

**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 Kristi Wagner has permission to participate in the Off-Campus Physical Education Program for Gymnastics at U.S. Gold Gymnastics Off-Campus Activity facility

Parent/Guardian Signature Anna L. Wagner Date 1-29-04

Student Date 1-29-04 Signature Kristi Wagner

**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    | <u>4:45</u>    | <u>7:45</u> | <u>Gymnastics Workout</u> |
| Tuesday   | <u>4:45</u>    | <u>7:45</u> | <u>"</u>                  |
| Wednesday | <u>4:45</u>    | <u>7:45</u> | <u>"</u>                  |
| Thursday  | <u>4:45</u>    | <u>7:45</u> | <u>"</u>                  |
| Friday    | <u>4:45</u>    | <u>7:45</u> | <u>"</u>                  |

Saturday

During Competitive Season

Sunday

Possible 4-5 hour competitive times  
Approx. every other week Jan-April

Instructor Signature

Jina Randall

Date 1-30-04

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.



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**TO BE COMPLETED BY STUDENT**

NAME Steven Evans SCHOOL Indian Springs Middle

SEX: M ☒ F ☐ GRADE 8 STUDENT ID# \_\_\_\_\_

PARENT/GUARDIAN Bonnie Evans COUNSELOR \_\_\_\_\_

ADDRESS 411 Alta Ridge Dr ACTIVITY Ice Skating

CITY Keller ZIP 76248 TELEPHONE 817-428-7932

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 Blue Line Ice Complex Telephone 817-788-5400

Address 8450 Cardinal Lane City NRM Zip 76180

Instructor Natalie Mishkutin Home Phone 817-528-8400

**TO BE COMPLETED BY SCHOOL OFFICIAL**

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COUNSELOR Judy Martin DATE 3-2-04 CATEGORY 1 2

FOR DISTRICT USE ONLY

Date rec'd 5-3-04

Rec'd by [Signature]

Athletic Director [Signature]

Hours 15

Hours for regular P.E. class 45

Date 5-3-04

Afternoon

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

**PARENT PERMISSION**

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My son/daughter Steven Evans has permission to participate in the Off-Campus Physical Education Program for ice skating at Blue Line Ice Complex  
Off-Campus Activity Off-Campus facility

Parent/Guardian Signature Bonnie Evans Date 3/1/04

Student Date 3-1-04 Signature Steven Evans

**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    | <u>2:00</u>    | <u>5:00</u> | <u>off ice tonie training</u> |
| Tuesday   | <u>2:00</u>    | <u>5:00</u> | <u>111</u>                    |
| Wednesday | <u>2:00</u>    | <u>4:30</u> | <u>111</u>                    |
| Thursday  | <u>off</u>     |             |                               |
| Friday    | <u>2:00</u>    | <u>5:00</u> | <u>111</u>                    |



Saturday 7:30 - 11:00 off-ice + on-ice training  
Sunday \_\_\_\_\_

Instructor Signature *[Signature]*  
Date 3/1/04

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.