

**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 Sarah Pirsching SCHOOL Keller High School

SEX: M ☐ F ☒ GRADE 11 STUDENT ID# 1628759

PARENT/GUARDIAN Karen + Keith COUNSELOR DICKINSON

ADDRESS 1808 Jacey Oak Ln ACTIVITY Ballet

CITY Keller TX ZIP 75448 TELEPHONE (817) 281-1859

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 School of Ballet Telephone 817 4288232
Address _____ City _____ Zip _____
Instructor Les Jordan III 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 Janna K. Dickinson DATE 11/30/04 CATEGORY (1) 2

FOR DISTRICT USE ONLY

Date rec'd 12-22-04

Rec'd by S.D.

Hours 31

Hours for regular P.E. class 2.5

Athletic Director [Signature]

Date 1-3-05

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 Sarah Firsching has permission to participate in the Off-Campus Physical Education Program for Ballet at North Central School of Ballet Off-Campus facility

Parent/Guardian Signature Karen Firsching Date 11/17/04
 Student Date 11/17/04 Signature Sarah Firsching

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.

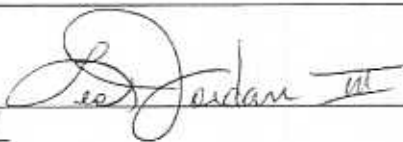
	Beginning Time	Ending Time	Activity
Monday	<u>4:00</u>	<u>9:00</u>	<u>Ballet</u>
Tuesday	<u> </u>	<u> </u>	<u> </u>
Wednesday	<u> </u>	<u> </u>	<u> </u>
Thursday	<u> </u>	<u> </u>	<u> </u>
Friday	<u> </u>	<u> </u>	<u> </u>

Saturday 10:00 4:00 11

Sunday _____

Instructor Signature

Date 11/9/04



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 JAMES Richardson SCHOOL Keller High School

SEX: ☒ M ☐ F GRADE 9 STUDENT ID# _____

PARENT/GUARDIAN Heidi Richardson COUNSELOR S. Gibson

ADDRESS 1016 Valle Vista Ln. ACTIVITY ICE HOCKEY

CITY Keller, Tx ZIP 76248 TELEPHONE 817-431-3388

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 Polar Ice / Valley Ranch Ice complex Telephone _____
Address _____ City _____ Zip _____

Instructor Scott Robb / David Horn Home Phone 214-938-0991 - SCOTT Robb
KISD Varsity / AAA Travel 972-740-5513 - DAVID Horn

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 Suzanne Gibson DATE 12-9-04 CATEGORY ☒ 1 ☐ 2

FOR DISTRICT USE ONLY

Date rec'd 12-22-04

Rec'd by [Signature]

Hours 12

Hours for regular P.E. class 2.5

Athletic Director [Signature]

Date 1-3-05

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 James Richardson has permission to participate in the Off-Campus Physical Education Program for AAA Ice Hockey - at Valley Ranch / Polar Ice
Off-Campus Activity KISD Varsity Ice Hockey Off-Campus facility

Parent/Guardian Signature Heidi Richardson Date 12/6/2004

Student Date 12/6/2004 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
2.0 Hours Monday	4:20pm - 5:20pm	Varsity ICE HOCKEY	- ICE
	5:30 - 6:15pm	" "	- OFFICE
Tuesday			
3.0 Hours Wednesday	4:20 - 5:20 pm	Varsity ICE HOCKEY	- ICE
	6:30 - 8:30 pm	AAA-Travel ICE HOCKEY	- ICE
1.5 Hours Thursday	6:30 - 8:00pm	Varsity Game Night	- ICE
Friday			

3.0	Saturday	9:00am - 11:00am	AAA Travel ICE Hockey - ICE
		11:00 - 12:00am	AAA TRAVEL ICE Hockey - OFF ICE
3.0	Sunday	9:00 - 12:00 am	AAA Games or Practice - ICE

Instructor Signature

Date 12/6/2004

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.