

**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 Aloby Bream SCHOOL Keller Middle

SEX: M F GRADE 7 STUDENT ID# 641088

PARENT/GUARDIAN Jill and David COUNSELOR _____

ADDRESS 1802 Forest Bend ACTIVITY Dance

CITY Keller ZIP _____ TELEPHONE (817) 469-8565
482-1682

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

(MS) Semester 1 _____ Semester 2 _____ Both Semesters X

(HS) Quarter 1 _____ Quarter 2 _____ Quarter 3 _____ Quarter 4 _____

Name of Facility Divine Arts Dance Telephone 817-469-8565
Address Spur 303 City Arlington Zip _____
Instructor Valerie Bishop 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 Russell J. Blaine DATE 9/13/04 CATEGORY (1) 2

FOR DISTRICT USE ONLY

Date rec'd 11-1-04

Hours 15+

Rec'd by [Signature]

Hours for regular P.E. class 4.5

Athletic Director [Signature]

Date 11-15-04

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 Abby Bream has permission to participate in the Off-Campus Physical Education Program for Dance at Divine Dance Center
 Off-Campus Activity Off-Campus facility

Parent/Guardian Signature Jill Bream Date 9/8/04

Student Date 9/9/04 Signature Abby Bream

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>6 p.m.</u>	<u>9:15</u>	<u>Ballet/Jazz/Lyrical</u>
Tuesday			
Wednesday	<u>10 p.m.</u>	<u>9:15</u>	<u>Tap/Ballet/Hip Hop</u>
Thursday	<u>4:30</u>	<u>7:45</u>	<u>Ballet, tap, Jazz</u>
Sat. Friday	<u>11:30</u>	<u>5:15</u>	<u>Ballet, Pointe, Int/Jazz Sr. Comp</u>

Revised July 2004

* Competitions all day ⁵ Sunday afternoon
 Saturday, and Friday Spring

Saturday _____

Sunday _____

Instructor Signature

Date _____

Valerie Bishop

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.