

**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 Tom Biles SCHOOL Keller H.S.
SEX: M F GRADE 12 STUDENT ID# 641593
PARENT/GUARDIAN Stephanie A. Biles COUNSELOR Hubbard
ADDRESS 628 Ashwood Dr ACTIVITY ICE Hockey
CITY Keller ZIP 76248 TELEPHONE 817-581-2508

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 Addison Sq Garden Telephone (972) 960-7465
Address 15100 Midway Rd City Addison Zip 75001
~~Personnel~~ Greg Smith ~~Phone~~ 972-329-1485

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 P. Hubbard

DATE 9/30/04 CATEGORY 1 2

FOR DISTRICT USE ONLY

Date rec'd 9/28/04

Hours 10+

Rec'd by [Signature]

Hours for regular P.E. class 7.5

Athletic Director [Signature]

Date 9-28-04

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 Tom Biles has permission to participate in the Off-Campus Physical Education Program for ICE HOCKEY at Addison Square Garden Off-Campus Activity Off-Campus facility

Parent/Guardian Signature Stephen A. Biles Date 9/27/04

Student Date 9/27/04 Signature Tom Biles

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>3:00 pm</u>	<u>6:30 pm</u>	<u>ICE / OFF ICE</u>
Tuesday	<u>8:00 pm</u>	<u>11:30 pm</u>	<u>ICE</u>
Wednesday	<u>3:00 pm</u>	<u>5:30 pm</u>	<u>ICE</u>
Thursday	<u>5:00 pm</u>	<u>8:30 pm</u>	<u>ICE</u>

Friday 5:00pm - 11:00pm ICE/off ICE
Saturday 4:00pm - 7:00pm ICE
Sunday _____

~~Instructor Signature~~ Bleg Smith
Date 8-25-04

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 Sarah Estill SCHOOL Keller High
SEX: M F GRADE 10 STUDENT ID# 629060
PARENT/GUARDIAN Tammy Estill COUNSELOR Laura Dickerson
ADDRESS 1325 Woods Dr ACTIVITY Beetling
CITY Roanoke TX ZIP 76262 TELEPHONE 817 337 0839

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 Bronson, Ok Watauga Telephone 817 485 2695
Address 7301 Rufe Snow Dr City FtW Zip 76148
Instructor Sam Rile Home Phone 817-501-5966
Tammy Estill - 817 337 0839

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 Laura K. Dickerson DATE 9/28/04 CATEGORY 1 (2)
FOR DISTRICT USE ONLY
Date rec'd 9-29-04 Hours 10
Rec'd by Dr Hours for regular P.E. class 1.5
Athletic Director [Signature] Date 10-14-04

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 Sarah Estill has permission to participate in the Off-Campus Physical Education Program for Bowling Off-Campus Activity at Brunswick Zone Watauga Off-Campus facility

Parent/Guardian Signature Jimmy Estill Date 9/27/2004

Student Date 9/27/2004 Signature Sarah Estill

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
<u>2</u>	Monday	<u>4:00pm</u>	<u>- 6:00pm</u>	<u>Practice</u>
	Tuesday			
<u>1.5</u>	Wednesday	<u>4:00</u>	<u>- 5:30pm</u>	<u>League Bowling</u>
<u>2</u>	Thursday	<u>4:00pm</u>	<u>- 6:00pm</u>	<u>Practice Varsity</u>
<u>1.5</u>	Friday	<u>4:00pm</u>	<u>- 5:30pm</u>	<u>Games</u>

3 Saturday 9:00am - 12:00 noon league
Sunday Various Dates Depending on tournaments

Instructor Signature 
Date 9/27/2004 

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.