

**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 JAMES ANDREW ISBELL SCHOOL FOSSIL RIDGE H.S.

SEX: M F GRADE 9 STUDENT ID# 625509

PARENT/GUARDIAN JAMES R. ISBELL COUNSELOR PAT RAMSEY

ADDRESS 3505 STONE CREEK LANE N ACTIVITY ICE HOCKEY

CITY FORT WORTH ZIP 76137 TELEPHONE 817 847 0558

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 DR. PEPPER STAR CENTER VR Telephone 214 605 KATE
Address 211 COWBOYS PARKWAY City IRVING Zip 75063
Instructor DAVID HORN Home Phone 972.740.5513

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 Pat Ramsey DATE _____ CATEGORY 2

FOR DISTRICT USE ONLY

Date rec'd 6-16-04

Rec'd by BR

Hours 12

Hours for regular P.E. class 7.5

Athletic Director BR

Date 6-17-04

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 James "Andrew" Isbell has permission to participate in the Off-Campus Physical Education Program for AAA Alliance Bulldog Hockey at Pepper Star Center - Valley Ranch
 Off-Campus Activity Off-Campus facility

Parent/Guardian Signature James R. Isbell Date 15 Jun 2004

Student Date June 15, 2004 Signature James Andrew Isbell

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>17:00</u>	<u>19:00</u>	<u>AEROBICS / WEIGHT TRAINING</u>
Tuesday	<u>18:00</u>	<u>20:00</u>	<u>ON-ICE INSTRUCTION</u>
Wednesday	<u>17:00</u>	<u>19:00</u>	<u>AEROBICS / WEIGHTS</u>
Thursday	<u>17:00</u>	<u>19:00</u>	<u>AEROBICS / WEIGHTS</u>
Friday	<u>18:00</u>	<u>20:00</u>	<u>ON-ICE INSTRUCTION</u>

Saturday _____

Sunday

08:00

10:00

ON-ICE INSTRUCTION

Instructor Signature/

Date

6/15/04

David R Horn

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: ^{counseling office Hillwood Middle} ~~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 Colin Chisholm SCHOOL Hillwood Middle

SEX: M X F GRADE 7 STUDENT ID#

PARENT/GUARDIAN John/Margaret Chisholm COUNSELOR Patrick

ADDRESS 7554 Deep Lodge ACTIVITY SWIMMING - NTN

CITY Southlake Fort Worth ZIP 76137 TELEPHONE 817 485 8698

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 CISD Aquatics Center Telephone 817 949-8200
Address 1501 W Southlake Blvd City Southlake Zip 76092
Instructor Bill Christensen and staff Home Phone 817 949-8200

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 Joanne Patrick DATE 5-7-04 CATEGORY 1 (2)

FOR DISTRICT USE ONLY

Date rec'd 5-10-04

Rec'd by [Signature]

Hours 10 hrs.

Hours for regular P.E. class 4.5

Athletic Director [Signature]

Date 6-1-04

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 Colin Chisholm has permission to participate in the Off-Campus Physical Education Program for NTN Swimming at C.I.S.D. Aquatics Center
Off-Campus Activity Off-Campus facility

Parent/Guardian Signature [Signature]

Date April 20, 2004

Student Date April 20, 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 817-337-7598, if change occurs in the schedule.

	Beginning Time	Ending Time	Activity
Monday	<u>5:30</u>	<u>7:30</u>	
Tuesday	<u>5:30</u>	<u>7:30</u>	
Wednesday	<u>5:30</u>	<u>7:30</u>	
Thursday	<u>5:30</u>	<u>7:30</u>	
Friday	<u>5:30</u>	<u>7:30</u>	

} Any 5

Saturday _____ 10:00 12:00 _____

Sunday _____

Instructor Signature Bill Christensen Head Coach NTU
Date April 20, 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.