

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 Kjerstin Bjerga SCHOOL KHS

SEX: M F GRADE 9 STUDENT ID# _____

PARENT/GUARDIAN Erling & Linda Bjerga COUNSELOR Hubbard

ADDRESS 1044 Canterbury Lane ACTIVITY ballet

CITY Keller ZIP 76248 TELEPHONE 817-431-8489

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 Trinity Vallet School of Ballet Telephone 817-431-2842
Address 6700 B. Denton Hwy City Watauga Zip _____
Instructor Mrs. Kathleen Steiner Home Phone 817-431-2842

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 Lubauer Hubbard DATE 7/27/04 CATEGORY 1 (2)

FOR DISTRICT USE ONLY

Date rec'd 8-12-04

Rec'd by [Signature]

Hours 11

Hours for regular P.E. class 7.5

Athletic Director [Signature]

Date 8/6/04

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 Kierstin Bjerga has permission to participate in the Off-Campus Physical Education Program for ballet at Trinity Valley School of Ballet Off-Campus Activity

Parent/Guardian Signature Jinda Bjerga Date 6-8-04

Student Date 6-9-04 Signature Kierstin Bjerga

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>5:30pm</u>	<u>8:30pm</u>	<u>Ballet</u>
Tuesday	<u>5:30pm</u>	<u>8:30pm</u>	<u>"</u>
Wednesday	<u>OFF</u>		
Thursday	<u>5:30pm</u>	<u>7:30pm</u>	<u>Ballet</u>
Friday	<u>as needed</u>		

Saturday 11 am 2 pm Ballet

Sunday 3hrs. as needed for special events.

Instructor Signature

Date

Kathleen S. Steiner

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 Caetano Castellani SCHOOL ISM 3

SEX: M F GRADE 7 STUDENT ID# _____

PARENT/GUARDIAN Terry Castellani COUNSELOR _____

ADDRESS 452 Alta Ridge Dr. ACTIVITY fencing

CITY Keller ZIP 76248 TELEPHONE 817 514 8046

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 _____

X

Name of Facility Fencing Inst. of Texas Telephone (972) 870 5756
Address 11482 Lona Rd Ste 100 City Bronck Zip 75234
Instructor Ovy Waddoups Home Phone 817 498 6511
Cell 817 368 0064

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 [Signature] DATE 8-5-04 CATEGORY (1) 2

FOR DISTRICT USE ONLY

Date rec'd 8-16-04

Rec'd by [Signature]

Hours 15

Hours for regular P.E. class 4.5

Athletic Director [Signature]

Date 8-16-04

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 Caetano Castellani has permission to participate in the Off-Campus Physical Education Program for Fencing at ELT Fencing Inst. of Tx
Off-Campus Activity Off-Campus facility

Parent/Guardian Signature Arny Castellani Date 8/13/04

X Student Date 7/09/04 Signature [Signature]

TENTATIVE SCHEDULE- TO BE COMPLETED AND SIGNED BY THE FACILITY INSTRUCTOR

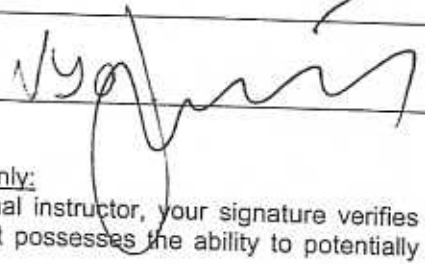
The student must participate in his/her activity, under professional supervision, a minimum of: (A. Category one- 15 hours) or (B. Category Two- 10 hours) each week at one approved agency. The records concerning daily attendance, grades, records of competition, contest results, etc. must be completed 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
Monday	<u>6PM-9PM</u>		<u>fencing</u>
Tuesday	<u>6PM-9PM</u>		<u>"</u>
Wednesday	<u>6PM-9PM</u>		<u>"</u>
Thursday	<u>6PM-9PM</u>		<u>"</u>

Friday 6pm-9pm fencing
Saturday _____
Sunday _____

X

Instructor Signature 
Date 8/3/04

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.