

BASIC INSTRUCTIONAL PROGRAM  
REQUIRED INSTRUCTION (SECONDARY)

EHAC  
(EXHIBIT)

The following exhibits may be used by the District:

- Exhibit A: Off-Campus Health Fitness Facility Application — 7 pages
- Exhibit B: Secondary Off-Campus Health Fitness Application — 7 pages
- Exhibit C: Off-Campus Health Fitness Waiver Notification Letter — 1 page
- Exhibit D: Off-Campus Health Fitness Trip Request — 1 page



EXHIBIT A

**SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
HEALTH FITNESS DEPARTMENT**

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Date

Dear Facility Administrator,

Private physical education is an option that the Texas Education Agency (TEA) allows individual districts to offer if they so desire. We certainly want to continue to provide this opportunity for our students, while maintaining a quality program that meets TEA guidelines.

Currently, we are updating our files and would appreciate your efforts in supplying your facility's information for our records. We will not be able to accept your \_\_\_\_\_ school year application without complete information. Please do not respond by writing "same" on the information form. Additionally, in an effort to more efficiently serve our students and at the same time, work with the many facilities that provide private physical education credits to those students, we have found it necessary to charge each facility \$100/year in order to be included on our provider list. The completed application and your \$100 check, made payable to Spring Branch ISD, should be received in our office after March 1, but no later than April 1. This fee will be renewable each year and is non-refundable.

Please send these items to:

Spring Branch Independent School District  
955 Campbell Rd.  
Houston, TX 77024

ATTN: Health Fitness Director

Those facilities that do not return these items by the April 1 deadline will be removed from our approved list.

We look forward to working with you to provide this opportunity for our SBISD students.

Sincerely,

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Health Fitness Director

**SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
OFF-CAMPUS HEALTH FITNESS FOR \_\_\_\_\_ SCHOOL YEAR**

**FACILITY APPLICATION**

To request approval for participation in the Spring Branch Independent School District (SBISD) off-campus health fitness program, the program sponsor must provide the information listed below along with this completed form and send to:

Spring Branch ISD — Attn., Health Fitness Director  
955 Campbell Rd. Houston, TX 77024

**Attach the following information: (please complete ALL information — DO NOT WRITE SAME)**

1. **Description of the facility:** Physical dimensions, unique equipment for facilities for training should be reflected in the level of equipment described as part of the facility. Printed literature used to promote the facility and its program is acceptable.
2. **Description of the course of study.**
3. **Outline of workout schedules.**
4. **Résumé of each instructor who will be delivering instruction.**
5. **Web Address:** \_\_\_\_\_
6. **Directions to facility.** (use back of form if needed)

\_\_\_\_\_  
Name of Facility \_\_\_\_\_

\_\_\_\_\_  
Facility Address \_\_\_\_\_

\_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

\_\_\_\_\_  
Activity \_\_\_\_\_ Effective School Year \_\_\_\_\_

\_\_\_\_\_  
Training Program Sponsor (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Training Program Sponsor/Coach signature (only these signature(s) will be accepted on student form)

<b>For CENTRAL ADMINISTRATION only</b>	<input type="checkbox"/> Money Order	<input type="checkbox"/> Check	<input type="checkbox"/> Cash
Facility Approved _____	Facility Denied _____		
Reason for Denial _____			
_____			
Signature _____		Date _____	

\*Facilities must apply directly to **Health Fitness Director**  
**955 Campbell Rd., Houston, TX 77024**

\*Deadline for each school year is April 1

\*Facilities will not be approved without **ALL OF THE REQUIRED** information provided  
and \$100 check received in this office by April 1.

**\*\*\* ANY CHECK/APPLICATION RECEIVED AFTER THE DEADLINE  
WILL NOT BE CONSIDERED AS A DISTRICT-APPROVED FACILITY\*\*\***

**SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
OFF-CAMPUS HEALTH FITNESS (OCHF)  
WAIVER DESCRIPTION**

To maintain compliance with the Texas Education Code, Spring Branch ISD offers students a waiver process for OCHF programs. This waiver process consists of Category 1 (15 hours) and Category 2 (five hours) for high school and middle school. The belief behind this waiver program is to provide the opportunity to protect the academic success of an elite Olympic-caliber athlete and to avoid possible injury in the regular health fitness class that may compromise the athlete's continued participation in his or her off-campus program.

Request for waivers for approval of private or commercially sponsored physical activity programs will be considered in two categories. These are:

**CATEGORY 1** (Waiver requests considered under this category must be approved by the local Board and submitted to the Texas Education Agency for final approval.)

- Private or commercially sponsored physical activity programs that lead to Olympic-level participation and/or competition. These programs typically involve a minimum of 15 hours per week of highly intense, professionally supervised training. The training facility, instructors, and the activities involved in the program must be certified by the Superintendent or his/her designee to be of exceptional quality.
- Students qualifying and participating at this level may be dismissed from school one period per day for such participation. Students dismissed must not be permitted to miss any academic class (other than health fitness). Students should not be assigned another core or elective class to fill out a regular day in lieu of leaving campus for OCHF. The OCHF students should leave the campus one period prior to the end of the day or not check in to school until the second period of the day. Students who discontinue OCHF Category 1 during a semester will be enrolled in a regular health fitness class for the remainder of the semester to complete the credit in health fitness for that semester.
- It is anticipated that only a very limited number of students will qualify for this exceptional level of participation.
- Category 1 is available for high school and middle school students. The credits being earned for graduation requirements are to be taken during the students' high school enrollment period.
- Students participating at this level may receive a maximum of one-half credit per semester. A total of four credits may be earned toward state high school graduation requirements.

**CATEGORY 2** (Waivers in Category 2 must be approved by the local Board but do not require submission or approval of the Texas Education Agency.)

- Private or commercially sponsored physical activity programs as certified by the Superintendent or his/her designee to be of high quality, well supervised by appropriately trained instructors, and consisting of a minimum of five hours per school week.
- Students participating at this level may receive a maximum of one-half credit per semester. A total of four credits may be earned toward state high school graduation requirements.
- Students certified to participate at this level may not be dismissed from any part of the regular school day.
- Category 2 is available for high school and middle school students. The credits being earned for graduation requirements are to be taken during the students' high school enrollment period.

BASIC INSTRUCTIONAL PROGRAM  
REQUIRED INSTRUCTION (SECONDARY)

EHAC  
(EXHIBIT)

In all cases, it is the responsibility of the Superintendent or his/her designee to certify both the level of participation and the quality of the program. Additionally, the District will monitor the quality of the programs that are approved, as well as maintain accurate and up-to-date information and data regarding students and facilities.

Written Board policies must be adopted authorizing the private or commercially sponsored physical activity programs to substitute for health fitness graduation credit. [See EHAC(LOCAL) and EHAC(REGULATION) for SBISD Board Policy]

**DISTRICT PROCEDURE  
OFF-CAMPUS HEALTH FITNESS**

Student applications are available in the counselors' offices. Students/parents should pick up the appropriate application form from their child's counselor and submit it by the due date. Students are responsible for signing the form and getting signatures from their parent/guardian and coach. Also, the student/parents should notify the school immediately if the student drops out, or if there is any facility/program change, and provide transportation either to school or for early pick up. There will be no supervised areas for these students to stay on campus for the unassigned class period.

The student is then responsible for returning the form to the counselor along with the following documentations:

- Category 1 — Workout schedule and competition schedule
- Category 2 — Workout schedule

The counselor is responsible for his/her signature, securing the signature of the grade-level principal, and sending the request form to the Superintendent's designee, Health Fitness Director, Health Fitness Department, 955 Campbell Rd., Houston, TX 77024.

The registrar/counselor is responsible for receiving and maintaining attendance and grades from the participating facilities. If a grade is not submitted for the first grading period, a "no grade" (NG) will be assigned to the student and the Health Fitness Office will be notified. The Health Fitness Office will then contact the facility concerning their responsibility of submitting grades.

The private organization must agree to:

1. Submit application and fee by April 1 of the current year.
2. Notify the school counselor immediately if the student drops out or changes programs or facilities.
3. Provide the school registrar/counselor with a report on each student's grade for each reporting period.
4. Provide the school registrar/counselor with an attendance form on each student for each reporting period.
5. Notify the school and District immediately if the organization moves or goes out of business.

**Failure to comply will result in removal of the facility from the approved OCHF facilities list.**

To receive health fitness credit, the organization must provide at least 15 hours of instruction per week for Category 1 programs and at least five hours of instruction per week for Category 2 programs. It is the responsibility of the private organization to keep all records, duplicate reporting forms, and provide information required by the school in a timely manner.

A copy of the school calendar will be included in the facility application packet illustrating the grading periods. On the last day of each grading period, the director of the organization must mail the student credit form to the student's registrar at the school where he/she is enrolled. A copy of the schools with addresses and contact numbers will be included in the facility application packet.

**Waiver Deadline:**

- March — Letters sent to facilities for the application process to be on the District's approved list
- April 1 — Due date for submission of facilities' application to central office administration
- May 1 — Due date for submission of student's application to the counselor's office
- June — Verification by central office administration
- July — Master list with copy of applications sent to counselors and acceptance/denial letter sent to facilities and student from central office administration

**APPROVED PHYSICAL ACTIVITIES  
OFF-CAMPUS HEALTH FITNESS (OCHF)**

- The following activities are considered for approval:

Aquatics	Lacrosse
Archery	Martial Arts
Badminton	Polo
Bobsleigh	Rock Climbing
Boxing	Rowing
Canoe/Kayak	Rugby
Curling	Sailing
Cycling	Shooting
Dance (MS only)	Skating
Equestrian	Skiing
Fencing	Surfing
Gymnastics	Tennis
Handball	Table Tennis
Hockey	Weight lifting
Ice Hockey	Wrestling

- A waiver will not be considered for participation in a sport for which the District fields a University Interscholastic League (UIL) team. Health fitness credit will be given for participation in non-UIL activities on campuses that sanction a club in that activity.
- The District offers the following UIL sports.  
A waiver will be given consideration for approval at the middle school level in a UIL sport that is not offered until high school. The following sports **CANNOT** be considered as off-campus health fitness programs:

<u>Middle School</u>	<u>High School</u>
Basketball	Baseball
Cross Country	Basketball
Football	Cross Country
Soccer	Dance
Track & Field	Football
Volleyball	Golf
	Soccer
	Softball
	Swimming & Diving
	Team Tennis
	Tennis
	Track & Field
	Volleyball
	Wrestling



**SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
OFF-CAMPUS HEALTH FITNESS  
GRADE AND ATTENDANCE REPORT**

1. This form is due to the campus registrar at the end of each grading period.
2. The completed form must be faxed to the campus registrar.
3. The total number of hours for attendance and numerical grade must be recorded.

MIDDLE SCHOOL	ADDRESS	PHONE #	FAX #
Cornerstone Academy	9026 Westview, 77055	713-251-1600	713-365-5787
*Landrum Middle School	2200 Ridgecrest, 77055	713-251-3700	713-365-4040
Memorial Middle School	12550 Vindon, 77024	713-251-3900	713-365-5411
*Northbrook Middle School	3030 Rosefield, 77080	713-251-4100	713-329-6523
Spring Branch Middle School	1000 Piney Point, 77024	713-251-4400	713-365-5515
*Spring Forest Middle School	14240 Memorial, 77079	713-251-4600	281-560-7509
Spring Oaks Middle School	2150 Shadowdale, 77043	713-251-4800	713-365-4522
Spring Woods Middle School	9810 Neuens, 77080	713-251-5000	713-365-4115

HIGH SCHOOL	ADDRESS	PHONE #	FAX #
Memorial High School	935 Echo Lane, 77024	713-251-2504	713-365-5138
Northbrook High School	#1 Raider Circle, 77080	713-251-2800	713-365-4412
*Spring Woods High School	2045 Gessner, 77080	713-251-3100	713-365-4472
Stratford High School	14555 Fern, 77079	713-251-3400	281-560-7578
Westchester Academy for Int'l. Studies	901 Yorkchester., 77079	713-251-1800	713-365-5686

\* Schools that are on nine-week grading periods

**GRADE REPORT FORM**  
(Fax to Registrar)

Circle Grading Period: 1<sup>st</sup>   2<sup>nd</sup>   3<sup>rd</sup>   4<sup>th</sup>   5<sup>th</sup>   6<sup>th</sup>

Semester Numerical Average \_\_\_\_\_ (Must be reported in December and May)

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Campus: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Numerical Grade: \_\_\_\_\_ Days Missed: \_\_\_\_\_

Instructor Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date



EXHIBIT B

**SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
SECONDARY OFF-CAMPUS HEALTH FITNESS APPLICATION  
\_\_\_\_\_ SCHOOL YEAR**

**Please acknowledge the understanding of the Off-Campus Health Fitness Program criteria and requirements by completing and signing this form.**

**TO BE COMPLETED BY STUDENT**

The OCHF program is an approved substitution to meet the health fitness requirements set by SBISD and TEA. Health fitness waiver requests will be considered for the SBISD health fitness requirement and the state high school Health Fitness graduation credit according to the Texas Education Agency Commissioner's criteria for Category 1 and Category 2 physical education waivers. Completed packets must be turned into the health fitness department on or before **May 1. Delinquent packets will be denied.**

**CATEGORY 1 (15 HOURS/WK)**     **CATEGORY 2 (5 HOURS/WK)**

Name \_\_\_\_\_ School \_\_\_\_\_

Sex  M  F    Grade \_\_\_\_\_ (APPLICATION YEAR) Student ID# \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Counselor \_\_\_\_\_

Street Address \_\_\_\_\_ Activity/Sport \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent E-Mail Address: \_\_\_\_\_

- I am applying for admission into the Off-Campus Health Fitness Program for the:  
 **Fall Semester Only**     **Spring Semester Only**     **Both Semesters**
- If accepted in to the Off-Campus Health Fitness Program, I would like the following arrangement used when scheduling the time for the Off-Campus Health Fitness Program.  
**(Only students participating in a minimum of 15 hours per week may be dismissed from any part of the regular school day.)**  
**Check only one.** These options are subject to the approval of the student's principal.  
 **Late Arrival**     **Early Dismissal**     **Neither (Category 2)**

**TO BE COMPLETED BY PARENT AND STUDENT**

**PARENT PERMISSION**

I have carefully read the guidelines for the Off-Campus Health Fitness Program and I agree to comply with those regulations. I hereby release the Spring Branch ISD, its employees, agents, and its Board, from all claims of liability in any way attributable 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 Spring Branch ISD is not responsible for accident or hospitalization insurance. I understand that the Spring Branch ISD 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 \_\_\_\_\_ has permission to participate in the Off-Campus Health Fitness Program for (name of sport/activity) \_\_\_\_\_ at (facility) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**TENTATIVE SCHEDULE—TO BE COMPLETED AND SIGNED BY THE INSTRUCTOR  
(see next page)**

The student must participate in his/her activity, under professional supervision, a minimum of 15 hours each week for Category 1 (can leave campus one class period early or arrive one class period late), a minimum of five hours each school week for Category 2 (must remain on campus) at one approved agency. The record concerning daily attendance and grades must be completed and filed with the campus registrar on the designated dates.

	<b>Beginning Time</b>	<b>Ending Time</b>	<b>Site Location Team Name/Team # (if applicable)</b>
MONDAY	_____	_____	_____
TUESDAY	_____	_____	_____
WEDNESDAY	_____	_____	_____
THURSDAY	_____	_____	_____
FRIDAY	_____	_____	_____
SATURDAY	_____	_____	_____
SUNDAY	_____	_____	_____

**Participation time lost due to inclement weather must be made up within the same week.**  
**UNANNOUNCED SITE VISIT CHECKS WILL BE MADE PERIODICALLY EACH SEMESTER**  
**BY THE HEALTH FITNESS DEPARTMENT.**

NAME OF FACILITY \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
INSTRUCTOR'S E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_  
INSTRUCTOR \_\_\_\_\_ HOME/CELL PHONE \_\_\_\_\_  
(In case of emergency)

The following schedule must be completed and signed/dated by the instructor before the application will be processed. The student/instructor should notify the Health Fitness Department at (713) 251-2339 if a change occurs in the student's practice schedule or facility. Any schedule change should be made by Monday of the week it affects to eliminate unnecessary and costly attendance officer site visits. As a qualified professional instructor, your signature verifies the above schedule and the adherence of the athlete to this schedule.

**THIS APPLICATION IS INVALID WITHOUT THE INSTRUCTOR'S SIGNATURE AND DATE**

INSTRUCTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL OFFICIAL**

The purpose of the Off-Campus Health Fitness 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 District. The student is taking this course for health fitness credit and he/she **may not** be enrolled in another physical education class or athletics while participating in the Off-Campus Health Fitness Program.

Students on Category 1 may earn two state-approved credits and two local credits. They may miss only one period during the day. Students on Category 2 may earn required curriculum credit for graduation.

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Building Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
SECONDARY OFF-CAMPUS HEALTH FITNESS APPLICATION  
\_\_\_\_\_ SCHOOL YEAR**

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Campus:** \_\_\_\_\_

**FOR DISTRICT USE ONLY**

Date Received \_\_\_\_\_ Rec'd By \_\_\_\_\_ Category 1 \_\_\_\_\_ Category 2 \_\_\_\_\_

Counselor Notification \_\_\_\_\_

Approval Letter \_\_\_\_\_

Health Fitness Director

Site Visit #1 \_\_\_\_\_ Site Visit #2 \_\_\_\_\_ \_\_\_\_\_ Approved \_\_\_\_\_ Denied

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OFF-CAMPUS HEALTH FITNESS (OCHF)**

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Track & Field	Football
Volleyball	Golf
	Soccer
	Softball
	Swimming & Diving
	Team Tennis
	Tennis
	Track & Field
	Volleyball
	Wrestling

**SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
OFF-CAMPUS HEALTH FITNESS (OCHF)  
WAIVER DESCRIPTION**

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- It is anticipated that only a very limited number of students will qualify for this exceptional level of participation.
- Category 1 is available for high school and middle school students. The credits being earned for graduation requirements are to be taken during the students' high school enrollment period.
- Students participating at this level may receive a maximum of one-half credit per semester. A total of four credits may be earned toward state high school graduation requirements.

**CATEGORY 2** (Waivers in Category 2 must be approved by the Board but do not require submission or approval of the Texas Education Agency.)

- Private or commercially sponsored physical activity programs as certified by the Superintendent or his/her designee to be of high quality, well supervised by appropriately trained instructors, and consisting of a minimum of five hours per school week.
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BASIC INSTRUCTIONAL PROGRAM  
REQUIRED INSTRUCTION (SECONDARY)

EHAC  
(EXHIBIT)

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Written Board policies must be adopted authorizing the private or commercially sponsored physical activity programs to substitute for health fitness graduation credit. [See EHAC(LOCAL) and EHAC(REGULATION) for SBISD Board Policy]



**DISTRICT PROCEDURE  
OFF-CAMPUS HEALTH FITNESS**

Student applications are available in the counselors' offices. Students/parents should pick up the appropriate application form from their child's counselor and submit it by the due date. Students are responsible for signing the form and getting signatures from their parent/guardian and coach. Also, the student/parents should notify the school immediately if the student drops out, or if there is any facility/program change, and provide transportation either to school or for early pick up. There will be no supervised areas for these students to stay on campus for the unassigned class period.

The student is then responsible for returning the form to the counselor along with the following documentations:

Category 1 — Workout schedule and competition schedule

Category 2 — Workout schedule

The counselor is responsible for his/her signature, securing the signature of the grade-level principal, and sending the request form to the Superintendent's designee, Health Fitness Director, Health Fitness Department, 955 Campbell Rd., Houston, TX 77024.

The registrar/counselor is responsible for receiving and maintaining attendance and grades from the participating facilities. If a grade is not submitted for the first grading periods, a "no grade" (NG) will be assigned to the student and the Health Fitness Office will be notified. The Health Fitness Office will then contact the facility concerning its responsibility of submitting grades.

The private organization must agree to:

1. Submit application and fee by April 1 of the current year.
2. Notify the school counselor immediately if the student drops out or changes programs or facilities.
3. Provide the school registrar/counselor with a report on each student's grade for each reporting period.
4. Provide the school registrar/counselor with an attendance form on each student for each reporting period.
5. Notify the school and District immediately if the organization moves or goes out of business.

**Failure to comply will result in removal of the facility from the approved OCHF facilities list.**

To receive health fitness credit, the organization must provide at least 15 hours of instruction per week for Category 1 programs and at least five hours of instruction per week for Category 2 programs. It is the responsibility of the private organization to keep all records and duplicate reporting forms and to provide information required by the school in a timely manner.

A copy of the school calendar will be included in the facility application packet illustrating the grading periods. On the last day of each grading period, the director of the organization must mail the student credit form to the student's registrar at the school where he/she is enrolled. A copy of the schools with addresses and contact numbers will be included in the Facility Application Packet.

**Waiver Deadline**

March	—	Letters sent to facilities for the application process to be on the District's approved list
April 1	—	Due date for submission of facilities' application to central office administration
May 1	—	Due date for submission of student's application to the counselor's office
June	—	Verification by central office administration
July	—	Master list with copy of applications sent to counselors and acceptance/denial letter sent to facilities and student from central office administration



EXHIBIT C

**SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
OFF-CAMPUS HEALTH FITNESS WAIVER  
NOTIFICATION LETTER**

Date: \_\_\_\_\_

Dear \_\_\_\_\_,  
(student's name)

Your Off-Campus Health Fitness Application for \_\_\_\_\_  
(Type of Activity)

**Category 1**  **Category 2** has been

**Accepted and will be effective for school year** \_\_\_\_\_

**Fall Semester**  **Spring Semester**

**Denied** due to \_\_\_\_\_

The following is the information we have on file for your Off-Campus Health Fitness facility:

Coach \_\_\_\_\_

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Please be reminded that you are responsible for notifying the school immediately if you drop out or if there is any facility/program change.

Sincerely,

\_\_\_\_\_  
Health Fitness Director

cc: Coach



EXHIBIT D

**SPRING BRANCH INDEPENDENT SCHOOL DISTRICT  
OFF-CAMPUS HEALTH FITNESS  
TRIP REQUEST**

Complete and submit form to the principal one month prior to the event for approval.

Date of Request: \_\_\_\_\_

Group/Grade Level(s)/Department: \_\_\_\_\_

In-State Destination       Out-of-State Destination

Destination: \_\_\_\_\_

Destination Address: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Departure time: \_\_\_\_\_ a.m. or p.m. (circle one)

Return time: \_\_\_\_\_ a.m. or p.m. (circle one)

Number of Students: \_\_\_\_\_

Educational Rationale/Activities/TEKS connection: \_\_\_\_\_

Chaperone expenses are included

Chaperone volunteer forms complete

Substitutes needed

Funding Source: \_\_\_\_\_

Special Provisions: \_\_\_\_\_

Transportation Request Attached:

Air    Bus    Car/9 Passenger Van    Charter Bus    Sharing

Submitted by teacher/sponsor: \_\_\_\_\_

Approved       Not Approved

Principal's signature: \_\_\_\_\_ Date: \_\_\_\_\_