

Application and Agreement
for
Off-Campus Physical Education Waiver for Commercial Establishments
23-24

Commercial Establishment Name: _____

Address: _____

Phone: _____

Email: _____

Owner/Manager: _____

Physical Education Activity: _____

Request for (student's name): _____

Grade: _____ School: _____

After reading the Texas Education Agency Guidelines established for Off Campus Physical Education programs, this off-campus physical education program meets the requirements. This program has been located at this address for _____ years.

Fall Semester Dates of Service From ____ to ____	Hours of Service Provided	Spring Semester Dates of Service From ____ to ____	Hours of Service Provided
Monday	From ____ to ____	Monday	From ____ to ____
Tuesday	From ____ to ____	Tuesday	From ____ to ____
Wednesday	From ____ to ____	Wednesday	From ____ to ____
Thursday	From ____ to ____	Thursday	From ____ to ____
Friday	From ____ to ____	Friday	From ____ to ____
Saturday	From ____ to ____	Saturday	From ____ to ____
Sunday	From ____ to ____	Sunday	From ____ to ____

Name of Instructor/coach: _____

Qualifications: _____
(attach certification document or resume)

I understand that it is the responsibility of this commercial establishment to maintain the physical education programs as described above and to provide the WFISD with all necessary information regarding the program. Any changes in the program, the student's enrollment, and/or attendance must be provided to WFISD within two weeks of said changes or the commercial establishment will be dropped from the approved list.

Signature: _____

Date: _____

Off Campus PE Document #4