

RISD Off-Campus Physical Activity Student Application

2019 - 2020 Campus:	RHS	RHHS	WMS	UMS	CMS	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2019 - 2020 Grade:	12th	11th	10th	9th	8th	7th
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Counselor's name: _____

This application is for (check one): both semesters 1st semester only 2nd semester only

This application is to be completed by the parent or guardian. Please provide **all** information requested.

Student's Full Legal Name (Please Print): _____
FIRST MIDDLE LAST NAME

The OCPA is: _____ PROVIDER is: _____

I understand that this activity will be considered: (choose only one)

Category I (15 hours/week) Category II (5 hours/week)

The name of the trainer/coach is _____ and the training will take place at _____ training facility.

I am requesting my student be released from _____ period (ONLY Category I)

I understand that attendance logs and grading sheets must be received by the specified due date or my student may receive an Incomplete or Failing Grade and may lose the opportunity to participate in OCPA.

I understand that I am responsible for transportation to and from the physical activity program and that the school district is not responsible for any contractual agreements with the trainer or coach.

I understand that my student must have a current Permission and Release form on file.

I understand that the OCPA fee must be paid before my student can be enrolled in OCPA.

For office use only:

Provider approved: _____ If no, paperwork sent: _____

Student Application: _____

Provider Agreement: _____ Category 1 Doc.: _____

Student Permission to Release: _____

Parent contacted: _____ Date: _____

Payment received: _____ Date: _____

Parent Signature

Student Signature

Parent Contact Phone Number

Parent E-mail address