

Hurst-Eules-Bedford Independent School District  
**OFF-CAMPUS PHYSICAL EDUCATION PROGRAM**  
**2023-2024 APPLICATION**

This form must be completed and signed to acknowledge the understanding of the OCPE program criteria and requirements before approval will be considered. For this application to be considered, it must be **completed, signed, and received with payment** at the Department of Athletics **at least two weeks prior to the beginning of the semester/trimester for which the student is applying.**

Only those students involved in the activities of **DANCE, EQUESTRIAN, FENCING, FIGURE SKATING, GOLF (G7 and G8 only), ICE HOCKEY, CERTAIN MARTIAL ARTS, SWIMMING (G7 and G8 only), and WATER POLO** will be considered for the OCPE Program.

**Attention Parents:** HEB ISD will charge a tuition fee for a student to be enrolled in the OCPE Program. The **NON-REFUNDABLE** fee will be used to offset the administrative cost of the program; for personnel to visit the programs to assure that the required TEA guidelines are being met; and for staff time required in processing grades, attendance, and reports. Make checks payable to **HEB ISD**, and submit with application. This fee is **NON-REFUNDABLE** once application is submitted.

- **Junior High** students will pay **\$100.00** per semester or **\$150.00** per year.
- **High School** students will pay **\$100.00** per trimester or **\$150.00** per year.

**Please Print:**

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_  
 Parent(s) or Guardian(s) Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Parent Work Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_  
 Parent Email: \_\_\_\_\_

Campus: \_\_\_\_\_ Grade: \_\_\_\_ (2022-2023) Counselor: \_\_\_\_\_  
 I am applying for OCPE in the following Activity/Sport: (Circle One) **DANCE** **EQUESTRIAN** **FENCING**  
**FIGURE SKATING** **GOLF (G7-G8 ONLY)** **ICE HOCKEY**  
**CERTAIN MARTIAL ARTS** **SWIMMING (G7-G8 ONLY)** **WATER POLO** **Other: \_\_\_\_\_**  
**Junior High:** \_\_\_\_ 1<sup>st</sup> Semester \_\_\_\_ 2<sup>nd</sup> Semester \_\_\_\_ Both Semesters  
**High School:** \_\_\_\_ 1<sup>st</sup> Trimester \_\_\_\_ 2<sup>nd</sup> Trimester \_\_\_\_ 3<sup>rd</sup> Trimester \_\_\_\_ Two Trimesters  
**CATEGORY I** (15 hrs. /week) \_\_\_\_ I want my schedule to reflect OCPE A.M. (late arrival) or P.M. (early release)  
**CATEGORY II** (5 hrs. /week) \_\_\_\_ NO school release time

Name of Agency/Facility/Practice Field/Club: \_\_\_\_\_  
 Agency Coordinator: \_\_\_\_\_ Agency Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Agency Coordinator Email: \_\_\_\_\_ Agency Fax: \_\_\_\_\_  
 Agency Instructor: \_\_\_\_\_ Instructor Phone: \_\_\_\_\_  
 Agency Instructor Email: \_\_\_\_\_ Best Time to Contact Instructor: \_\_\_\_\_

**TO BE COMPLETED BY PARENT**

**RELEASE OF LIABILITY AND PARENT PERMISSION TO PARTICIPATE**

I have carefully read the guidelines of the Off-Campus Physical Education Program and I agree to comply with those regulations. I hereby give permission for my child to participate in the Off-Campus Physical Education Program. I understand certain hazards are associated with this activity and hereby agree to assume any and all risks surrounding my child's participation in this program. I also assume all risk surrounding the transportation of my child to and from these activities.

I hereby release Hurst-Euless-Bedford Independent School District, its Board of Trustees, its employees, agents, and volunteers in both their official and individual capacities from any and all liability, claims, suits, damages, or causes of action whatsoever for any property damage or personal injury sustained by my child that may arise in connection with his or her participation in this activity and his or her transportation described above. The Hurst-Euless-Bedford Independent School District is not responsible for accident or hospitalization insurance. I understand that the Hurst-Euless-Bedford Independent School District has no control over the daily activities of the program, quality of the program, or qualifications of the instructor in the program.

Having read this Release and Parent Permission to participate form, I agree to the terms and conditions expressed herein.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Cell Phone and/or Work Phone

My son/daughter, \_\_\_\_\_, has permission to participate in the Off-Campus Physical Education  
(Name of Student)

Program for \_\_\_\_\_ at \_\_\_\_\_  
(Name of Sport/Activity) (Name of Off-Campus Agency/Facility/Practice Field/Club)

By signing this OCPE Program Application, the student, the parent, and the OPCE Agency Coordinator, understand and acknowledge that this Program will substitute for a P.E. course that is required, a numerical grade will be issued and factored in computing the student's grade point average (GPA), and that failure to complete any of the Program requirements or submit information in a timely manner **may result in the student receiving a failing grade.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of OCPE Agency Coordinator

\_\_\_\_\_  
Date

**FOR DISTRICT USE ONLY**

Date Received \_\_\_\_\_ Received by \_\_\_\_\_ Category I (15 hrs.) or Category II (5 hrs.)

JH: 1<sup>st</sup> semester 2<sup>nd</sup> semester Both / HS: 1<sup>st</sup> trimester 2<sup>nd</sup> trimester 3<sup>rd</sup> trimester Two trimesters

Category I: Early Late Fee: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check #/Cash: \_\_\_\_\_

Approved / NOT Approved Date Email Sent to Parent and Counselor: \_\_\_\_\_

OCPE Liaison Signature \_\_\_\_\_ Coord. of ESS Signature \_\_\_\_\_

**TO BE COMPLETED BY OCPE AGENCY COORDINATOR AND INSTRUCTOR**

The following schedule must be **completed and signed by the OCPE Agency Coordinator and Instructor** before the application will be considered. The instructor/facility should notify the OCPE District Liaison if a change occurs in the number of hours the student is participating.

**OCPE INSTRUCTOR AGREEMENT AND STUDENT ACTIVITY SCHEDULE**

I understand that (name of student) \_\_\_\_\_ is applying for an Off-campus Physical Education waiver and the student must participate in his/her activity, under professional supervision, a minimum of **15 hours each week for CATEGORY I** activities or a minimum of **5 hours each week for CATEGORY II** activities, . All activities must be completed at a single (one) approved agency, and hours must be practice hours, and may not include competitions times, performance, games, and/or meetings, **and are calculated for the school week, Monday through Friday**. The records concerning daily attendance, grades, records of competitions, etc. must completed and returned to the District on dates specified by the district. The above-named student is scheduled to participate in a physical education program meeting this requirement as designated below:

DAY	BEGINNING TIME	ENDING TIME	ACTIVITY	TOTAL HOURS OF PARTICIPATION
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
<b>TOTAL HOURS OF PARTICIPATION PER WEEK</b>				

As the instructor in the program, I support the following conditions of the OCPE Program:

1. I will provide copies of my credentials, certification, and/or documentation of instructor training and experience to the OCPE District Liaison upon request.
2. I will include the agreed upon Physical Education TEKS during scheduled practices, and submit a written outline of program objectives and activities to the OCPE District Liaison upon request.
3. I agree to provide the required documentation, including student’s hours of participation, an accurate record of student attendance, and a six-week grade, on the form provided by the district, and return this form to the Coordinator of Educational Support Services by mail or fax within five (5) days of the end of each grading period.
4. I agree to contact the OCPE District Liaison if the student’s attendance becomes irregular, is not completing the required number of hours, or is no longer enrolled in the program.
5. I agree to contact the OCPE District Liaison if the student chooses to transfer into a general physical education class and/or does not meet the 90% attendance requirements. For the OCPE Program, one day of participation is equivalent to one day of attendance or absence.
6. I agree to release the student on designated FitnessGram administration date.

I understand that I am accountable to HEB ISD for the participation of each student in Off-Campus Physical Education. I will make every effort to cooperate with the district. As a qualified instructor, my signature verifies the above schedule and recommends this student for participation in the program.

\_\_\_\_\_  
Signature of OCPE Agency Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of OCPE Agency Coordinator

\_\_\_\_\_  
Date