



Ector County Independent School District
 802 N. Sam Houston
 PO Box 3912
 Odessa, TX 79760

FOR OFFICE USE ONLY:

Date Rec'd ____ / ____ / ____

Initials: ____

Ector County Independent School District Off-Campus Physical Education Waiver Program Student Information and District Approval Form

In order for this application to be considered it must be returned to the campus counselor no later than 2 weeks prior to the Fall or Spring Semester.

Please Print:

School Year _____ (year of participation)

Student Name: _____

Student ID# _____ Grade Level _____

Parent(s) or Guardian(s): _____

Contact Phone: _____ Work: _____

Email: _____

ECISD School Campus: _____

Please choose:

____ Category I – High School Students – dismissal from school allowed

____ Category II – Junior High and High School Students - no dismissal from school allowed

____ Fall Semester ____ Spring Semester ____ Both

Counselor Name: _____

Counselor Phone & Email: _____

This information must be provided to the OCPE Agency.

Agency Name: _____ Agency Phone #: _____

Agency Coordinator Name: _____

Agency Coordinator Email: _____

This information must be provided to the student's counselor.

By signing this OCPE Program Application, the student, parent/guardian, and the OCPE Agency Coordinator, understand and acknowledge that this Program will substitute for a P.E. course required. A numeric grade will be issued and factored in computing the student's grade point average. Failure to complete any of the Program requirements or submit information in a timely manner may result in the student receiving a failing grade.

 Student Signature Date

 Parent/Guardian Signature Date

 Principal Signature or School Designee (Counselor) Date

 OCPE Agency Coordinator Signature Date