

## **Owasso High School Off Campus Physical Education for Credit General Requirements**

The following is a list of basic requirements that has been established by Owasso Public Schools. These requirements must be met and maintained to be eligible for participation in the program.

1. The purpose of the program is to accommodate students who are making a serious effort to develop high level capabilities and to allow them to be involved in an off campus program that provides training exceeding that offered in the school district.
2. Off-Campus physical activity programs will be approved for only those students who have been recommended by qualified instructors.
3. Only those students in grades nine (9) through twelve (12) will be eligible for consideration for the off campus program.
4. Only those students involved in the activities of DANCE, GYMNASTICS, ICE HOCKEY, ICE SKATING, LACROSSE, and MARTIAL ARTS will be considered. Exceptions could be considered if a student is nationally ranked in an elite class of their activity.
5. Students applying for Off-Campus Physical Education will be considered only if their programs involve a minimum of fifteen (15) hours per week of professionally supervised training. Students qualifying may be dismissed from school one period per day for such participation.

Please Note: Students participating in this program may receive a maximum of one half credit per semester.

6. All such participation must always be under the direct supervision of the instructor. Competitions do not count towards practice hours.

### **Application Procedure**

1. Print and complete application found below.
2. Upon completion, the application needs to be submitted to the students assistant principal prior to the first Friday of the semester.
4. A report will be sent to all counselors listing all approved OCPE students. At that time the counselors will put OCPE on the student's schedule.
5. Off-campus physical education will not be on student's schedule until approved by a HS administrator.
6. Parents and students need to confirm that OCPE is on the student's schedule at the beginning of each semester and the student is receiving a grade for each six weeks.
7. A grade of Pass or Fail will be posted on the students transcript at the end of each semester.

## Owasso High School Off-Campus Physical Education for Credit Application

This student taking this program for physical education credit and he/she will not be enrolled in another physical education class or athletics for credit while participating in the Off-Campus Physical Education Program. The student may not transfer from athletics or another physical education course into Off-Campus Physical Education after the first 10 days of the semester.

**Application Deadline: Applications received less than 2 weeks prior to the start of the semester must have approval from a high school administrator.**

Please Print:

Student Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

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

Sport/Activity \_\_\_\_\_

Parent (s) or Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Daytime phone: \_\_\_\_\_

Father Daytime phone: \_\_\_\_\_

### Participation Options:

#### Semester Participation

\_\_\_\_\_ Fall Semester

\_\_\_\_\_ Spring Semester

\_\_\_\_\_ Both Semesters

Student's Name \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor \_\_\_\_\_ Date \_\_\_\_\_

**Agency and Instructor Contact Information:**

Agency Name: \_\_\_\_\_ Agency Telephone Number: \_\_\_\_\_

Agency Manager's Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(Note: The above address will be where training and instruction will take place)

Off-Campus PE Instructor's Name (if different from above): \_\_\_\_\_

Preferred Mailing Address of Instructor (if different from above):

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Instructor's email address \_\_\_\_\_

The Off-Campus PE instructor must fill out the following schedule for the participant to verify at least 15 hours of required participation each week.

Days of the Week	Start Time	End Time	Name of Instructor	Number of Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Total Hours of Participation \_\_\_\_\_

Signature of Off-Campus PE Instructor \_\_\_\_\_ Date: \_\_\_\_\_

By signing, the Off-Campus PE Instructor agrees to provide the above non-competitive hours of instruction to the student. The instructor also agrees to send all grading and attendance reports according to the schedule provided by the students counselor. Failure to submit forms at the appropriate time will cause the agency to lose its approval status as an Off-Campus PE Provider.