



**Carroll ISD Off-Campus Physical Activity (OCPA)
Provider Application Packet (2026–2027)**

Program Overview

Carroll ISD allows eligible students to earn physical education credit through participation in approved Off-Campus Physical Activity (OCPA) programs in accordance with Texas Education Agency guidelines.

Participation in OCPA is optional. Approval of a provider allows a student to request credit; it does not indicate district supervision, endorsement, or control of the provider.

Important Legal Notice

- Carroll ISD does not employ, supervise, or manage off-campus providers or their staff.
- Approval as an OCPA provider does not constitute endorsement.
- Providers operate as independent third parties.
- Parents/guardians are solely responsible for:
 - Selecting providers
 - Evaluating safety and supervision
 - Monitoring student participation
 - Conducting background checks on any instructor or provider
 - Texas Dept. of Public Safety (DPS) Computerized Criminal History (CCH) System - there is a \$15 name-based search. (for a fingerprint-based check) www.publicrecordsservice.org or 844-321-2124
 - You may also request this directly from your selected provider.

Provider Information

Organization Name: _____

Primary Contact Name: _____

Phone: _____

Email: _____

Business Address: _____

Website (if applicable): _____



CARROLL

INDEPENDENT SCHOOL DISTRICT

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Type of Activity Offered:

- ☐ Individual Sport
- ☐ Team Sport
- ☐ Fitness/Training
- ☐ Dance/Cheer
- ☐ Other: _____

Program Details

1. Describe the program and training provided:

2. Location(s) of instruction: _____

3. Days/times of participation: _____

4. Average number of students per session: _____

5. Age groups served: _____

Staff & Supervision

1. List all instructors/coaches working with students:

2. Instructor qualifications/certifications:

3. Supervision ratio (students per instructor): _____

Safety & Compliance

Providers must confirm the following:

- ☐ Emergency procedures are in place
- ☐ First aid/CPR-certified personnel available
- ☐ Facility safety standards are maintained
- ☐ Incident reporting procedures are established



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Background Check Disclosure

- Carroll ISD does not conduct or verify background checks for OCPA providers.
- It is the sole responsibility of the parent/guardian to vet activity providers.
- Providers must disclose:

- ☐ Employees undergo background checks
☐ No background checks are conducted

If yes, describe process: _____

Compliance Agreement

By signing below, the provider acknowledges:

- All information submitted is accurate and complete
- The provider operates independently of Carroll ISD
- The provider agrees to notify the district of any material changes
- Approval is valid for one school year only and must be renewed annually

Signature

Provider Name: _____

Signature: _____

Date: _____

Parent Name: _____

Signature: _____

Date: _____



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PROVIDER AGREEMENT FORM

Student Name: _____
(First, Middle, Last)

Program Category (check one):

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

The student listed above has applied to receive Off-Campus Physical Activity (OCPA) credit through your program.

Important Notice:

Completion of this form does not constitute approval or endorsement by Carroll ISD. All providers must also complete the annual OCPA Provider Application Packet for district consideration. Providers operate as independent third parties.

Provider Acknowledgments

As an independent provider of off-campus physical activity services, I agree to the following:

- ☐ Instruction will align with applicable Texas Essential Knowledge and Skills (TEKS) for Physical Education
- ☐ I will provide program information on business letterhead upon request
- ☐ I will verify student participation by signing activity logs as needed
- ☐ I understand it is the student's responsibility to maintain and submit activity logs
- ☐ I will submit a Pass/Fail grade each grading period as required
- ☐ I understand the District does not evaluate or endorse providers
- ☐ I acknowledge that an annual provider application and/or fee may be required

Provider Information

Provider Name (Print): _____

Organization/Facility Name: _____

Address: _____

Email: _____

Phone: _____

Signature

I acknowledge and agree to the expectations outlined above.

Provider Signature: _____

Date: _____

Submit completed forms to the appropriate OCPA Coordinator:

CMS/DMS: Jenna Chitwood

CHS/CSHS: Marsha Vawter

Carroll ISD Administration Center

2400 N. Carroll Ave., Southlake, TX 76092

Phone: 817-949-8295