LIBERTY HILL INDEPENDENT SCHOOL DISTRICT
301 Forrest Street | Liberty Hill, TX 78642 | Phone: (512) 260-5580 | Fax: (512) 260-5581

# 2026-2027 Physical Education Substitution - Parent Form

This application must be completed by the parent/guardian on a yearly basis.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Student Name | | | | | | | |
| Student ID | | | | | | | |
| Parent/Guardian Name | | | | | | | |
| Parent/Guardian Phone | | | | | | | |
| Parent/Guardian Email | | | | | | | |
| Campus | LHMS | | SRMS | | LHHS | | LRHS |
| Grade | 6th | 7th | 8th | 9th | 10th | 11th | 12th |
| Semester | Fall | | Spring | | | Both | |

**Type of Waiver Request**

☐ Category 1 Olympic-level

Student participation and/or competition includes a minimum of 15 hours per week of highly intensive, professional, supervised training. The training facility, instructors, and the activities involved in the program must be of olympic-level and/or intensive national/state level. Students qualifying and participating at this level may be dismissed from school one hour per day (first period or last period). A total of **180 hours per semester** must be documented and submitted to LHISD at the end of each semester.

☐ Category 2 Non Olympic-level

Private or commercially sponsored physical education programs include those providing high quality student training which is well supervised by appropriately training instructor(s). Students certified to participate at this level may not be dismissed from any part of the regular school day. A total of **90 hours per semester** (average 5 hours per week) must be documented and submitted to LHISD at the end of each semester.

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**Parent/Guardian Agreements:**

- I understand that my child must present required documentation of hours earned with their trainer/coach signature in order for students' participation in Off Campus Physical Education (OCPE) to be recognized by LHISD.
- I agree to assume any and all risks associated with my students' participation in the OCPE program.
- I understand that I am responsible for transporting my child to and from OCPE activities.
- I hereby release the Liberty Hill Independent School District, its Board of Trustees, the school's 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 OCPE activities
- I hereby give permission for my child to participate in the Off-Campus Physical Education program.

**Student Responsibilities:**

- Students participating in Category 1 Olympic Level are eligible for one off period. Students participating in Category 2 Non-Olympic Level are not eligible for an off period.
- Absences acquired during the school day to attend OCPE activities will not be excused due to mandatory school attendance laws related to activities not supervised by a LHISD ISD employee.
- High School students participating in OCPE may receive a maximum of one-half credit per semester for high school graduation. Credit will be granted when LHISD receives a verified activity log with the designated number of hours required for Category 1 or Category 2
- Students who discontinue the off-campus Category 1 during a semester will be enrolled in a regular PE class for the remainder of the semester to complete the PE credit for that semester.
- All students will earn a Pass/Fail grade for the OCPE course. By signing the OCPE application, the student, the parent, and the OCPE agency/instructor understand and acknowledge that this program will substitute for a PE course required for graduation, a pass/fail grade will be issued, and that failure to complete any of the program requirements may result in the student receiving a failing grade.

**Parent Signature:** _____

**Student Signature:** _____

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# 2026-2027 Physical Education Substitution - Training Plan

To be completed by trainer/coach

Student Name _____

| | |
|---|---|
| **Description of Athletic Activity** | |
| **Name of Agency** | |
| **Agency Address and Phone Number** | |
| **Name of Trainer/Coach** | |
| **Signature of Trainer/Coach** | |

| Day | Activity | # Hours |
|---|---|---|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |
| | **Total Participation Hours** | |

Please Read each statement, print and sign the form, attach documentation as needed, and submit the completed form to OCPE Email:

☐ I understand that I am responsible for signing a log of student activity hours to be submitted to the school before the end of each semester for course credit.

☐ I understand that a new training plan must be submitted immediately if the total participation hours per week drop below the required number for PE Substitution (Cat.1=15 hrs., Cat.2=5 hrs.).

☐ I understand that the Superintendent must approve the application. In addition, applications for High School substitutions must be presented to the School Board and Texas Education Agency.

Trainer/Coach Signature & Date _____

Submit completed form to offcampuspe@libertyhill.txed.net prior to school year/semester starting.

**********

**FOR OFFICE USE ONLY**

Superintendent's Decision ☐ Training Plan Approved ☐ Training Plan Denied

***(SAMPLE)***

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# OFF CAMPUS PHYSICAL ACTIVITY LOG

**To be Completed by private program providing physical education substitution**

Student Name _____ Current School Year & Grade _____
School _____ Counselor _____
Name of Facility Providing Instruction _____ Activity _____
Person(s) Providing Instruction _____ Telephone _____

**Reporting Period:** ☐ 1st Semester ☐ 2nd Semester (***Report Due Dates are End of Each Semester)***

**WORK/TRAINING LOG**

| WEEK ENDING | TOTAL HOURS PRESENT | ACTIVITY |
|---|---|---|
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_____ _____
**Trainer/Coach Signature** **Date**

**Mail this report to:**
**Liberty Hill ISD Central Office * Off-Campus PE Department**
**301 Forrest St. * Liberty Hill, TX 78642**

**Or email to: offcampuspe@libertyhill.txed.net**

**This confidential record must be emailed by the private organization to the school district.**
**The student may not deliver this information.**