



**WICHITA FALLS
INDEPENDENT
SCHOOL DISTRICT**

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Dr. Cody Blair, Executive Director of Secondary Schools

OFF-CAMPUS PHYSICAL EDUCATION (PE)

Updated Aug 2026

Information

Wichita Falls Independent School District will grant physical education credit to secondary students who complete athletic activities outside of school.

- In grades 7-8, students who meet requirements through off-campus facilities will receive PE credit.
- In grades 9-12, students can earn a maximum of two units of state credit for off-campus PE. Students will NOT receive grade points for off-campus classes.

Students applying for off-campus physical education must meet the requirements set by the Texas Education Agency for a Category I or Category II waiver. Approval must be obtained for the WFISD Superintendent or designee prior to participating in the off-campus physical education program.

Grades will be determined by the instructor/coach of the program. It is the responsibility of the parent and instructor to submit grades at the end of each grading period to the student's counselor in order to ensure credit is awarded to the student.

Process

To start the process, please complete the following forms in this packet, and return them to the student's counselor at the middle school or high school campus, before the start of school.

- Form 1: Category of Participation Certification
- Form 2: Permissions and Acknowledgements
- Form 3: Agreement for Commercial Establishments

If the application is approved, the additional form should be used to submit documentation of participation and grades at the end of each grading period.

- Form 4: Off-Campus PE Documentation

Form 1: Category of Participation Certification

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Student Information

First name: _____
Last name: _____
ID Number: _____
Campus: _____

Parent/Guardian Information

First name: _____
Last name: _____
Phone: _____
Email: _____

Category I Requirements

Olympic-level participation and/or competition includes a minimum of 15 hours per week of highly intense, professional, supervised training. The training facility, instructors and the activities involved in the program must be certified by the superintendent to be of exceptional quality. Students qualifying and participating at this level may be dismissed from school one hour per day. Students must complete 15 verified hours of instruction per week.

Category II Requirements

Private or commercially-sponsored physical activities include those certified by the superintendent to be of high quality and well supervised by appropriately qualified instructors. Student participation of at least five hours per week is required. Students certified to participate at this level may not be dismissed from any part of the regular school day. Students must complete 5 hours of verified instruction per week.

Please indicate which category for participation in off campus PE that is requested.

☐

Category I

☐

Category II

By signing below, we acknowledge receipt of the information above, and confirm the student meets the criteria established for off-campus PE.

Student Signature_____
Parent/Guardian Signature_____
Date_____
Date

PLEASE RETURN THIS FORM to the CAMPUS COUNSELOR BEFORE the START OF THE SEMESTER.

Form 2: Permissions and Acknowledgements

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Student Information

First name: _____

Last name: _____

School year: 20____ - 20____

School Information

Campus: _____

Counselor: _____

Check one or both: ☐ Fall Semester ☐ Spring Semester

Physical Education requirements will be met at the following facility.

Establishment: _____

Physical address: _____

Instructor's name: _____

Instructor phone: _____ Instructor email: _____

By signing below, the student's parent or guardian acknowledges and agrees to the following.

- The student may receive credits on the basis of one-half credit per semester. High school students may receive up to 2 credits for PE. Any credits beyond that will count as local elective credit.
- If for any reason the student does not complete the entire semester, he/she will not receive any credit unless he/she enrolls in an on-campus PE class within 2 weeks of dropping the off-campus class.
- The facility named here will satisfy the Texas Education Agency requirement for physical education.
- The instructor/coach must sign documentation on participation, and is also responsible for determining grades. In addition, the instructor is aware of these requirements.
- Wichita Falls ISD will not provide transportation for the student to or from the facility.
- Wichita Falls ISD does not endorse any commercial training program, and the approval of this application does not constitute any assurance as to the qualifications of the instructors or to the quality and safety of the equipment and facilities.
- By consenting to the student's participation in this commercial training program, the parent/guardian agrees to hold the Wichita Falls ISD, its Board of Trustees, administration, and/or faculty, harmless from all liability for any injuries which the student may receive while participating in this program, or while traveling to and from such program.

Name of Parent/Guardian (Printed)_____
Parent/Guardian Signature_____
Address_____
Date

PLEASE RETURN THIS FORM to the CAMPUS COUNSELOR BEFORE the START OF THE SEMESTER.

Form 3: Agreement for Commercial Establishments

Updated Aug 2026

This request is for the following student.

Name: _____

Campus: _____

Grade level: _____

Information about the commercial establishment used for off-campus PE

Facility name: _____

Address: _____

Manager: _____

Sport/Activity:: _____

Email: _____

Phone: _____

For how many years has this establishment been providing services? _____

List standard hours of operation.

MON	TUE	WED	THU	FRI	SAT	SUN
From	From	From	From	From	From	From
To	To	To	To	To	To	To

Instructor name: _____ List qualifications below, or attach resume.

By signing below, I attest that the off-campus physical education program offered at this establishment meets the requirements and guidelines established by the Texas Education Agency and WFISD. I understand that it is the responsibility of this commercial establishment to maintain the programs as described above and to provide WFISD with all necessary information, and will report any changes in a timely manner.

Name of Manager / Instructor (Printed)

Signature of Manager / Instructor

Date

PLEASE RETURN THIS FORM to the CAMPUS COUNSELOR BEFORE the START OF THE SEMESTER.

Form 4: Off-Campus PE Documentation

Updated Aug 2026

A COPY OF THIS FORM MUST BE COMPLETED BY THE INSTRUCTOR AND
SUBMITTED TO THE CAMPUS COUNSELOR BY THE END OF EACH GRADING PERIOD.

Student: _____ ID Number: _____

Campus: _____ Grade level: _____

Facility: _____ Phone: _____

Instructor: _____ email: _____

Grading period (check one): Fall (Sem 1) ☐ SW1 ☐ SW3 ☐ SW3Spring (Sem 2) ☐ SW4 ☐ SW5 ☐ SW6

During this grading period, the student attended...

The student earned the following grade:

Number of sessions: _____

Total number of hours: _____

(on a 100 point scale)

Note: Students participating under provision of Category I - Olympic Level Competition must complete at least 15 hours of verified instruction per week. Students participating under provision of Category II - Private or Commercial Instruction must complete 5 hours of verified instruction per week.

Name of Manager / Instructor (Printed)_____
Signature of Manager / Instructor_____
Date

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To be completed by the instructor and submitted to the campus counselor each grading period.

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