



Off Campus Physical Education Credit OCPEC Application

TO BE COMPLETED BY THE PARENT / GUARDIAN:

STUDENT'S NAME: FIRST _____ LAST _____ MI _____

CURRENT GRADE LEVEL: _____ ACTIVITY: _____ DATE _____

TO BE COMPLETED BY THE COMMERCIAL ESTABLISHMENT and INSTRUCTOR:

COMMERCIAL ESTABLISHMENT: _____

Address: _____

Instructor: _____ Instructor's Cell # _____

Instructor's Signature _____ Email Address _____

THE ABOVE- NAMED STUDENT'S INSTRUCTION SCHEDULE WILL BE:

Monday:	Start @ _____ a.m. / p.m.	Finish @ _____ a.m. / p.m.
Tuesday:	Start @ _____ a.m. / p.m.	Finish @ _____ a.m. / p.m.
Wednesday:	Start @ _____ a.m. / p.m.	Finish @ _____ a.m. / p.m.
Thursday:	Start @ _____ a.m. / p.m.	Finish @ _____ a.m. / p.m.
Friday:	Start @ _____ a.m. / p.m.	Finish @ _____ a.m. / p.m.
Saturday:	Start @ _____ a.m. / p.m.	Finish @ _____ a.m. / p.m.
Sunday:	Start @ _____ a.m. / p.m.	Finish @ _____ a.m. / p.m.

Total hours per week: _____

Instruction will start on this date: _____ and end on this date: _____;

The number of days of instruction for each quarter will be: Fall _____ Spring _____.

The student's ability could be described as:

Beginner _____ Intermediate: _____ Advanced: _____ Do Not Know _____

Is this student preparing to enter Olympic level competition? Yes _____ No _____

This form should be completed and provided to the Athletic Director for consideration no later than a week after the semester begins.

TO BE COMPLETED BY THE SCHOOL ADMINISTRATION:

Commercial Establishment is on the current approved list:	Yes _____	No _____
Student is approved for OCPEC	Yes _____	No _____



OFF CAMPUS PHYSICAL EDUCATION CREDIT (OCPEC)

The following guidelines are necessary to be understood and adhered to for OCPEC

The purpose of the OCPEC program is to accommodate students who are making a serious effort to develop individual, competitive, higher-level skills in a specific activity that exceeds what the school can offer through general physical education instruction and/or participation in after school athletic programs.

Students are expected to be physically educated along with being physically active. In order to be approved for a physical education substitution, providers must comply with required curriculum standards (see website below) and ensure that the students receive challenging and engaging work.

OCPEC activities must be of high quality and well-supervised by appropriately trained instructors. Students in OCPE must participate in approved OCPEC activities for a minimum of 5 hours per week.

Salem Lutheran School will not provide transportation to or from the establishment, does not endorse any commercial training program, and the approval of the application does not constitute any assurance as to the qualifications of the instructors or to the quality and safety of the equipment and facilities.

The undersigned, being the parent or guardian of _____, a student at Salem Lutheran School, does consent to the student's participation in this commercial training program. The undersigned agrees to hold Salem Lutheran School, its school commission and its administration and/or faculty, harmless from all liability for any injuries which said student may receive while participating in this OCPEC program, or while traveling to or from such program.

The Commercial Institution and Instructor providing the OCPEC understands and adheres to:

Up to two (2) credits on the basis of one-half credit per semester will satisfy the TEA requirement for physical education instruction.

The grades earned will be either "pass" or "fail."

If for any reason the student does not complete the entire semester, he/she will not receive any partial credit.

The establishment must provide Salem Lutheran School with all necessary information, reports, and grades required prior to the deadlines set by Salem Lutheran School.

The establishment agrees that the instruction will fulfill the TEKS requirement for grade level appropriate instruction. <http://ritter.tea.state.tx.us/rules/tac/chapter116/ch116b.html> (middle school) and that the instructor holds training and certification necessary to provide the instruction.

Signature of Parent or Guardian

Date

Signature of Instructor

Date

Name of Facility