

White Settlement ISD

Physical Education Substitution – Information

White Settlement ISD allows private or commercial physical education substitutions at Middle School and High School. The application is posted on the District website at www.wsisd.com and must be printed, signed, and submitted, along with required documentation, by a parent/guardian by August 5, 2016.

For junior high credit, the program must be certified by the superintendent to be of high quality and well-supervised by appropriately trained instructors. Students must be enrolled in the program for the entire semester. Students may not be excused for any part of the school day to participate in the off-campus programs.

For high school credit, the program requires at least 5 hours of supervised, physical training per week. The training, facility, instructors, and activities involved in the program must be certified by the superintendent to be of high quality. Students must be enrolled in the program for the entire semester. Students may not be excused for any part of the school day to participate in the off-campus programs.

Programs must be certified by the superintendent and presented to the School Board for approval. For more information, contact Tim Duncan, Director of Human Resources, tduncan@wsisd.net, 817-367-5343.

The **parent/guardian** must:

- Complete the parent form;
- Collect the completed agency form and training plan;
- Submit all documentation to the Human Resources Department;
- Provide transportation to and from the physical activity program;
- Ensure that a log of hours, signed by the trainer/coach, is submitted to the counselor before the end of each semester; and
- Submit updated forms if there are changes regarding the agency, trainer/coach, or training plan.

The **agency providing the training** must:

- Provide evidence supporting the quality of the training facility/program;
- Provide evidence supporting the qualifications of the trainer/coach;
- Verify the accuracy of the log of hours to be turned in to the school at the end of each semester;
- Complete updated forms for the parent to submit to the school if there are changes regarding the agency or trainer/coach.

The **trainer/coach** must:

- Provide a training information and schedule;
- Provide student training as approved for PE substitution;
- Sign a log of student activity to be submitted to the counselor before the end of each semester; and
- Complete updated forms for the parent to submit to the school if there are changes regarding the training plan.

Applications will be reviewed before the semester begins for appropriate student scheduling.

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Physical Education Substitution – Parent Form

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

Waiver Request Year _____ Semester ___Fall ___Spring ___Both

Student Name _____ Parent/Guardian Name _____

Home Address _____

Parent Email Address _____

Campus ___Middle School ___High School

Grade Level 7th ___ 8th ___ 9th ___ 10th ___ 11th ___ 12th ___

Agency Providing Service _____

Activity Hours per Week _____

****Description of Activity**

Please read each statement, print and sign the application, attach the required documents, and submit completed packet to Tim Duncan, Director of Human Resources, tduncan@wsisd.net, 817-367-5343, 401 S Cherry Lane, White Settlement, Texas 76108.

___ I understand that my student will not earn credit and may lose the opportunity to participate in the program if a log of hours, signed by the trainer/coach, is not submitted to the counselor before the end of each semester.

___ I understand that I am responsible for transportation to and from the physical activity program and that the school is not responsible for any contractual agreements with the trainer or coach.

___ I understand that this application is not complete until I attach the required forms pertaining to the agency providing the physical activity, trainer/coach, and training plan. Also, I must submit updated forms if there are changes regarding the agency, trainer/coach, or training plan.

___ I understand that the Superintendent must approve the application. In addition, applications must be submitted to the School Board for approval.

Parent's Signature _____ Date _____

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FOR OFFICE USE ONLY

___ Parent Form Received

___ Agency Form Received

___ Training Plan Received

___ Superintendent Approval

___ School Board Decision ___ Granted ___ Denied Signature & Date _____

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Physical Education Substitution – Agency Form

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

Waiver Request Year _____ Semester ____ Fall ____ Spring ____ Both

Agency Name _____

Agency Coordinator _____

Address _____

Telephone _____

Email Address _____

****Required:** Evidence supporting the quality of the training facility/program.
(Do not leave blank; you may attach documentation)

Trainer/Coach Name(s) _____

****Required:** Evidence supporting the quality of the trainer/coach.
(Do not leave blank; you may attach documentation)

Please read each statement, print and sign the form, attach documentation as needed, and submit the completed form **to the parent** for submission to the school.

____ I understand that the trainer/coach is responsible for signing a log of student activity hours to be submitted to the school before the end of each semester for course credit.

Select a Documentation Method: ____ Student maintains log ____ Agency maintains log

____ I understand that the Superintendent must approve the application. In addition, applications must be submitted to the School Board for approval.

Agency Coordinator Signature _____ Date _____

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Superintendent's Decision ____ Agency Approved ____ Agency Denied

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Physical Education Substitution – Training Plan

This application must be completed by the parent/guardian on a yearly basis or more often as needed.

Waiver Request Year _____ Semester ___ Fall ___ Spring ___ Both

Student Name _____

Agency Name _____

Trainer/Coach Name _____

Training Site Address _____

Telephone _____

Email Address _____

Complete Participant Schedule

Students train at least 5 hours per week in an approved facility/program.

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 the parent** for submission to the school.

___ 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.

___ 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 (5 Hrs.)

___ I understand that the Superintendent must approve the application. In addition, applications must be submitted to the School Board for approval.

Trainer/Coach Signature _____ Date _____

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