

**JUDSON INDEPENDENT SCHOOL DISTRICT**  
**2020-2021 PHYSICAL EDUCATION WAIVER PROGRAM**

Revised  
2/1/2019

Dear Parents,

The Judson ISD Physical Education Waiver Program provides an opportunity for students in grades 6-12 to receive credit for participation in an **off-campus, athletic/training program**. JISD is authorized by the Texas Education Agency (TEA) to substitute participation in private or commercially sponsored athletic/training programs for the JISD state-required physical education credit.

Waiver requests will be considered for the JISD state-required physical education credit according to the Texas Education Agency Commissioner's criteria for Category 1 and Category 2 PE Waivers. Waiver requests must also meet the JISD criteria, which are designed to ensure the safety and well-being of each student seeking a PE waiver. The JISD Athletic Department will be responsible for supervising the PE Waiver standards to assure that each student receives a quality, off-campus athletic/training program. The PE Waiver program is an approved substitution to meet the Physical Education requirements set by JISD and TEA.

To assist us in making decisions as to whether a waiver may be granted, we will follow the guidance of the Texas Education Agency in interpreting the law: as stated in, Texas Administrative Code (TAC) Chapter 74, it is the intention of the Texas Education Agency that the various off-campus substitutes for the physical education requirement be "appropriate" for Category 2 and of "exceptional" or "high" quality for Category 1 the term "appropriate" implies, among other things, that the substitute activity is in congruence with the Physical Education Texas Essential Knowledge and Skills (TEKS) as closely as possible, if not above and beyond the rigor of the standards.

The Athletic Director must approve the program, agency, and instructor (s) before the student's application will be approved.

Please follow the suggested steps and return the complete packet to the JISD Athletic Office, located at **9150 FM 1516 N, Converse, TX 78109 on or before July 1<sup>st</sup> for the fall semester or on or before December 1<sup>st</sup> for the spring semesters for approved agencies (see Agencies on page 3). If a desired agency is not a JISD approved agency, paperwork should be submitted before the last day of school in order to receive consideration for approval the following school year. Deadlines will be enforced.**

1. Verify that the student and Agency meet all the JISD requirements.
2. Parents, Students, Counselor and approved Agency Instructor must sign and complete their portion of the application.
3. Parents/student must return the completed packet to the Athletic Director's office by the deadline dates.
4. Parents may call the school counselor or the Athletic Department after 1-2 weeks to confirm that the PE Waiver was approved and schedule changes have been made. Students will receive a phone call from their counselor if their application was denied and make schedule changes that are needed.
5. Attendance and grades must be turned into the student's counselor at the end of each grading period by the agency.

All applications will be carefully considered; however, completion of the application **does not** guarantee District approval to participate in the Physical Education Waiver Program. The student's counselor will receive notification of acceptance or non-acceptance of the waiver request approximately 1-2 weeks after the Physical Education Department has received the application.

Sincerely,

*Ryanne DuPree*

Ryanne DuPree  
Athletic Director  
210-945-1252 Phone  
210-659-1699 Fax  
Email: [rdupree@judsonisd.org](mailto:rdupree@judsonisd.org)

**JUDSON INDEPENDENT SCHOOL DISTRICT**  
**PHYSICAL EDUCATION WAIVER PROGRAM**  
**REQUIREMENTS FOR THE PHYSICAL EDUCATION WAIVER PROGRAM**

1. The student must meet all criteria for either Category 1 or Category 2 as set forth to be accepted.
2. Students are required to participate at least 15 hours per week for Category 1 and 5 hours per week for Category 2 during the school semester. The Instructor is responsible for attaching documentation to verify the students' hours of participation and attendance for each week of the reporting period.
3. If the student chooses to no longer participate in his/her chosen program, the school counselor and Athletic Director must be notified so the student can be placed in a general PE class to meet the physical education requirement.
4. All documentation from parents, instructors, and agencies must be submitted by the required deadline. Delinquent information will result in denial of the waiver request.
5. Students in grades 9-12 may receive a maximum of one-half credit per semester. No more than two credits total may be earned through the Physical Education Waiver Program toward state high school graduation requirements. A "W" will be placed on the student's report card to verify that he/she has fulfilled the requirements for the waiver and has earned one-half of a Physical Education credit for high school.
6. Students qualifying and participating in Category 1 may be dismissed from one school period if training for 15 or more hours a week. Students dismissed may not miss any class other than a scheduled physical education class.
7. Participation time may not be split between 2 or more physical activities. Summer activities will not be counted.
8. Students in Category 2 may not be enrolled in a physical education class and the Physical Education Waiver Program at the same time.
9. Students who have special medical needs may be considered for the Physical Education Waiver Program on an individual basis depending on the program and the detailed medical recommendations of the student's physician.
10. The instructor must be "appropriately trained" meaning the instructor must provide certification and/or documentations of training and experience in his/her sport or training program.
11. Students must be "well supervised" at all times, meaning the instructor is present to provide safety and instructions.
12. The private or commercially sponsored agency may be asked to provide documentations to verify certification of being "of high quality" to the Athletic Director. The documentation may include:  
Verification that the training facility is within 30 miles of the JISD boundaries to allow for appropriate supervision of the program by the Athletic Director.  
A copy of the instructor's certification or documentation demonstrating that he/she is certified instructor and/or is "appropriately trained" in the specific sport or training program.  
A copy of a license, which clearly substantiates the agency as a training facility of "high quality". This may include: local, state, or national licensing or acknowledgment of being a training facility capable of training national athletes and/or Olympic level participants and/or competitors.

## **STUDENT APPLICATION PROCEDURE**

1. Students will be scheduled for Physical Education classes based on their physical education requirement needs until OCPE (Off-Campus Physical education) Program approval has been granted.
2. Students may obtain the OCPE Program Application in the athletic office or contact [rdupree@judsonisd.org](mailto:rdupree@judsonisd.org) .
3. Students must take the Application to the Agency to have the OCPE Coordinator sign the Application. Agencies MUST be on JISD's Approved Agency List (See List below). Any student requesting a waiver for a program not on the approved list will need to contact Ryanne DuPree a semester prior to submitting application.
4. Students must provide the OCPE Agency Coordinator with their student identification number, counselor name and contact information, including phone number, fax number and email address.
5. Students must obtain their school counselor's signature on the OCPE Program Application.
6. Counselors will conference with students to discuss graduation requirements and scheduling needs, and will communicate that students will stay enrolled in the appropriate PE class, if necessary, until the campus principal, or designee either approves or denies the student's application.
7. Parents, students and OCPE Agency will keep a copy of this Application for their records.
8. **The OCPE Program Application must be received at the athletic office by July 1<sup>st</sup> (Fall semester) or December 1<sup>st</sup> (Spring semester). Deadlines will be strictly enforced. (Note: This is the responsibility of the student/parent.)**
9. After Applications are reviewed, confirmation emails will be sent to students' counselors. Counselors will then notify students and make appropriate schedule changes.
10. A new OCPE Program Application must be submitted each school year.
11. If a desired agency is not a JISD approved agency, paperwork should be submitted before the last day of school in order to receive consideration for approval the following school year. TEA and JISD have to be given adequate time to process new agencies.

### **Approved Agencies**

*Kathy Marfin Dance School -21'*  
*Aerial Athletics-21'*  
*San Antonio Wave-21'*  
*San Antonio Gymnastics Academy-21'*

**JUDSON INDEPENDENT SCHOOL DISTRICT  
PHYSICAL EDUCATION WAIVER PROGRAM STUDENT INFORMATION  
AND DISTRICT APPROVAL FORM**

Revised  
2/1/2019

*This form must be completed and signed before approval will be considered to acknowledge the understanding of the Off-Campus PE program criteria and requirements.*

Student's Name: _____	Male: _____	Female: _____
Parent(s) or Guardian(s): _____		
Street Address: _____		
City: _____	Zip: _____	Telephone: _____

Campus: _____	Grade Level: _____
Semester (Fall, Spring, or Both) _____	School Year _____
Student's ID #: _____	
Counselor Name: _____	Counselor Phone: _____
Fax: _____	

Agency: _____	Agency Telephone: _____
Instructor's Name: _____	Instructor's Telephone: _____
Instructor's Email: _____	

Check the following Category that you are applying for:

\_\_\_\_\_ **Category 1: Any Athletic/Training Program for State, National, or Professional Ranking or Olympic Competition.** The student who trains for 15 or more hours per week is eligible to miss one school period. The student must not miss any class other than a scheduled physical education class (usually the first or last period of the day). Documentation must be submitted to verify training for some type of ranking. The training facility, instructors, and activities involved in the program are certified by the superintendent to be of exceptional quality

\_\_\_\_\_ **Category 2: A Private or Commercially Sponsored Physical Activity or Training Program.** The student is required to participate at least 5 hours per week. Examples of certified activities are the following: swimming, diving, dancing, rowing, rock climbing, fencing, equestrian riding, ice hockey, ice-skating, gymnastics, cycling, martial arts, weight lifting, lacrosse, and high level activities that offer "select" teams.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature or Designee (School Counselor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

***Completed packets must be turned into the Physical Education Office on or before July 1<sup>st</sup> for the fall semester and December 1<sup>st</sup> for the spring semester. Delinquent packets will be denied.***

**JUDSON INDEPENDENT SCHOOL DISTRICT  
OFF CAMPUS PHYSICAL EDUCATION EQUIVALENT PROGRAM  
INDIVIDUAL TRAINING FORM**

Student's Name: \_\_\_\_\_

Student's School: \_\_\_\_\_ Semester: (Fall, Spring, or Both) School Year \_\_\_\_\_

PE Waiver Start Date: \_\_\_\_\_ PE Waiver End Date: \_\_\_\_\_

**The instructor must fill out the following schedule for the participant to verify at least 5 hours of participation for Category 2 and at least 15 hours of participation for Category 1. Participation time lost due to inclement weather must be made up within the same week.**

Day of Week	Beginning Time	Ending Time	Activity	Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Week _____			Total Hours per Week	

*The Instructor must provide a description of the activities and hours the student performed along with the attendance report for each week of the nine-week reporting period (documents can be attached.)*

Signature of Instructor: \_\_\_\_\_

Date: \_\_\_\_\_

**Please contact the school counselor if the student's training schedule changes or if the student leaves the program.**

**JUDSON INDEPENDENT SCHOOL DISTRICT  
PHYSICAL EDUCATION WAIVER PROGRAM  
PROGRAM DESCRIPTION**

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2/1/2019

Explain your athletic/training program goals.

Describe a typical training session for this athlete.

What are your goals for this athlete?

Explain all your program/training activities that are in congruence with the Physical Education TEKS. Please include how the Physical Activity and Health TEKS will be addressed. The TEKS are listed at the TEA web-site: [www.tea.state.tx.us](http://www.tea.state.tx.us) by course name for students in high school.

Signature of Instructor: \_\_\_\_\_

Date: \_\_\_\_\_

**RELEASE OF LIABILITY AND PERMISSION  
TO PARTICIPATE IN THE OFF-CAMPUS  
PHYSICAL EDUCATION EQUIVALENT  
PROGRAM**

I hereby give permission for my child \_\_\_\_\_ to participate in the Off Campus P.E. Program. I understand certain hazards are associated with this activity and hereby agree to assume any and all risks surrounding my child's participation in this program. I also assume any and all risk surrounding the transportation of my child to and from these activities.

I hereby release the Judson 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 this activity and his or her transportation described above.

Having read this Release of Liability and Permission to Participate form, I agree to the terms and conditions expressed herein.

**Signed this** \_\_\_\_\_ **day of** \_\_\_\_\_, \_\_\_\_\_.

**Parent or Legal Guardian's Signature Home Phone/Work Phone**

Parent Signature \_\_\_\_\_

Home phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Student's ID #:** \_\_\_\_\_

**Student's Date of Birth:** \_\_\_\_\_

**Student's Campus:** \_\_\_\_\_