

**DRIPPING SPRINGS INDEPENDENT SCHOOL DISTRICT
OFF-CAMPUS PHYSICAL EDUCATION PROVIDER
APPLICATION**

Please type or print

Organization Name: _____

Organization Contact: _____
Last Name First Name

Physical Address: _____
Address City State Zip

Phone Contact Information: _____
Work Phone Cell Phone

Contact Email address: _____

Description of Physical Education: _____

Name/s of training instructor and their qualifications:

Instructor: _____
Last Name First Name

Instructor Qualifications/Certifications: _____

Activity Grade Level/s (mark all that apply): Middle School 6-8 High School 9-12

Program Category:

Category I- Olympic-level

- Students supervised a minimum of 15 hours per week with highly intensive professional training;
- The training facility, instructors, and the activities involved in the program are of exceptional quality;
- Students do not miss any class other than physical education to participate in the program.

Category II- Private or commercially- sponsored non-Olympic level

- Students are well supervised by appropriately trained instructors;
- Students participate in the physical activity for at least five hours per week;
- Students are not dismissed from any part of the regular school day to participate.

I certify that all of the information provided is accurate and I will ensure that all of the program requirements selected above shall be met in accordance with the law. I also will ensure that required documentation will be provided as required.

Organization Contact Signature _____ Date _____

Please return the completed form to the DSISD Office of the Assistant Superintendent for Learning & Innovation.

For Office Use Only

- Program meets the category requirements
- Instructor meets the category requirements
- Facilities meet the category requirements
- Program meets the hour requirements

Superintendent's Approval _____ Date: _____