

2016-2017
APPLICATION FOR OUT-OF-DISTRICT PHYSICAL EDUCATION EXPERIENCE
For Juniors and Seniors

Student Name _____ **Activity** _____

Grade: 11th/12th (circle one) Semester 1st/2nd (circle one) Season: Fall/Winter/Spring (circle one)

Application deadline is 10 school days after the start of each semester:

- First Semester begins September 7th, 2016 - Application must be submitted by September 16th, 2016.
- Second Semester begins January 30th, 2017 – Application must be submitted by 3:00 p.m. February 8th, 2017.

Students who apply to receive credit through participation in an approved Out-of-District Experience E (O.D.E) must be involved in a program of sustained and organized vigorous physical activity.

Requirements: To be considered for the Physical Education O.D.E., the activity must:

- Meet a minimum requirement of 120 hours per semester (average of 6 hours per week)
- Be approved by the Director of Physical Education and Athletics and the High School Principal
- Such activities may be taught by non-certified personnel, provided they have appropriate experience as shown on their resume and are approved by the Board of Education.

The student must:

- Provide a detailed description of the O.D.E., including the frequency, intensity and duration.
 - Provide evidence of the O.D.E., including instructor’s qualifications and resume. Resume must be attached to this application.
 - Maintain the District-approved Activity Log to be submitted to and reviewed with their P.E. teacher of record two weeks prior to the end of the quarter.
 - If you are no longer a participant in the O.D.E. activity, you must return to Physical Education IMMEDIATELY. Failure to adhere to do so will lead to disciplinary consequences.
 - By signing this form, the student understands that if they are found loitering in the halls or disrupting the school in any way, they will IMMEDIATELY lose the privilege of opting-out.
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I understand that it is my child’s responsibility to meet and document the minimum required hours as stated above in order to receive credit for Physical Education, and should he/she fail to do so, he/she will not receive Physical Education credit and must make up the Physical Education credit required to graduate.

Student Signature _____ Date _____

Parent Signature _____ Date _____

P. E. Teacher Signature/Approval ODE: _____ Date _____

“Hands On” CPR Training Administered by: _____ Date _____

Dir. of Health, PE, and Athletics Signature _____ Date _____

Principal Signature _____ Date _____

Superintendent Signature _____ Date _____