

OCPE Application Reminders

Before completing and submitting your OCPE application, please ensure the following items are included and correct in your application. **** Please be advised if any of the below information is missing or not in compliance with the OCPE program requirements your application will not be processed.**

1. All required information on the application has been provided (all blanks are filled in and legible).
**Please note we are only taking applications electronically sent to the email Plano.OCPE@pisd.edu as an attachment currently. Please do not mail in applications or payments. Payments are accepted only via Rycor at this time.*
2. 6th grade students must have a counselor signature before submitting the application.
3. Activity/sport practice schedule must be completed and practice times provided on page two of the application.
4. Please be sure the number of practice hours total 10 hours (for Category 2) or 15 hours (for Category 1) before submitting the application.
5. Please make sure your child practices 5 days total each week. 4 of those days must be during the week (Monday through Friday) plus one (1) additional day that may fall on either the weekend or during the week.
6. All instructor information, including phone number and e-mail address, is complete and legible.
7. Payment is required before the application will be processed.
** Important - Rycor is the only form of payment currently. Please include your Rycor confirmation code in your email along with your application attached to Plano.OCPE@pisd.edu*
8. Please read **ALL** parts of this application to ensure your understanding of the OCPE program requirements.

**PLANO INDEPENDENT SCHOOL DISTRICT
OFF-CAMPUS PHYSICAL EDUCATION APPLICATION
2020-2021**

The purpose of the Off-Campus Physical Education Program is to accommodate students who are making a serious effort to develop high-level capabilities and to allow them to be involved in a program that provides training exceeding that offered in the school district. This student is taking this course for physical education credit and he/she may not be enrolled in athletics while participating in the Off-Campus Physical Education Program. **Students participating in this program may receive a maximum of one half credit per semester. For students in grades 9 -12, one credit of Physical Education is required to graduate. A maximum of four credits of Physical Education can be counted towards state high school graduation requirements.**

ATTENTION: Only students involved in the activities of **ARCHERY, ART SKATING, BADMINTON, DANCE, EQUESTRIAN, FENCING, GYMNASTICS, ICE HOCKEY, ICE SKATING, LACROSSE, MARTIAL ARTS, GOLF (please contact OCPE Coordinator for golf info), ROCK CLIMBING, ROWING, SQUASH, SWIMMING, TABLE TENNIS, TENNIS, and TRACK CYCLING** will be considered for participation. **For this application to be considered for any semester, it must be sent to MOLLY PIPAK via email to plano.ocpe@pisd.edu, along with the correct participation fee no later than August 26, 2020 for enrollment in first semester and January 20, 2021 for enrollment in second semester.**

TO BE COMPLETED BY PARENT (PLEASE PRINT)

** All information below must be filled in before the application will be processed.**

STUDENT NAME _____ SCHOOL _____
 SEX: _____ Grade _____ STUDENT ID # _____
 PARENT/GUARDIAN _____ COUNSELOR _____
 PARENT E-MAIL ADDRESS _____ PHONE (H) _____ (C) _____
 STREET ADDRESS _____ CITY _____ ZIP _____

I am applying for Off-Campus PE in the following ACTIVITY/SPORT _____

I am applying for Off-Campus PE: Semester 1 _____ Semester 2 _____ Both Semesters _____

CATEGORY 1 (15 HRS/WK) _____ **I want my schedule to reflect my OCPE class:** _____ A.M. _____ P.M.

CATEGORY 2 (10 HRS/WK - MUST REMAIN ON CAMPUS) _____

NAME OF FACILITY /PRACTICE FIELD/CLUB _____ TELEPHONE _____
 ADDRESS _____ CITY _____ ZIP _____

NOTICE TO PARENT:

If you have questions regarding the feasibility of Off-Campus PE working with your child's schedule and/or the impact it will have on his/her graduation plan, please contact your child's guidance counselor. Upon approval of the Off-Campus PE application, the campus guidance counselor will be notified. In the event the campus can create a class schedule to accommodate this request, the student's schedule will be changed to reflect enrollment in Off-Campus PE. The student's participation in Off-Campus PE will allow him/her to earn Physical Education credits required for graduation.

*For students entering sixth (6th) grade only, please schedule a time to visit with your child's middle school counselor about enrollment options for Off-Campus PE. Their signature is required before this application will be processed.

*COUNSELOR _____ PHONE/EXT.: _____ DATE _____

FOR DISTRICT USE ONLY			
Date received _____	CATEGORY _____		
Received by _____	HOURS _____		
Fee: _____	Amt. Paid: _____	Ck #/Cash <u>N/A</u>	Rycor Payment (Y/N) _____
	Amt. Paid: _____	Ck #/Cash <u>N/A</u>	Rycor Payment (Y/N) _____
			Deposit Date: _____

TO BE COMPLETED BY PARENT AND STUDENT:

PARENT PERMISSION

I have carefully read the guidelines for the Off-Campus Physical Education Program and I agree to comply with those regulations. I hereby release the Plano Independent School District, its employees, agents, and its Board of Trustees, from all claims or liability in any way attributable to this program, including all travel to, from, and during the program. I also understand that all liability in case of accident or hospitalization is the responsibility of the parent or of the private or commercial school. The Plano Independent School District is not responsible for accident or hospitalization insurance. I understand that the Plano Independent School District has no control over the daily activities of the program, quality of the program, or qualification of the instructor in the program.

My son/daughter _____ has permission to participate in the Off-Campus Physical Education Program for _____ at _____
Name of Sport/Activity Facility/Practice Field/Club

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

THE ENROLLMENT FEE OF \$125.00 PER SEMESTER IS IN EFFECT EACH SEMESTER UNLESS A SINGLE PAYMENT OF \$200.00 IS MADE FOR BOTH SEMESTERS AT THE BEGINNING OF THE YEAR. IF A STUDENT DROPS OCPE, A NON-REFUNDABLE \$50.00 FEE will be subtracted from your original payment for one/both semesters in the event of a refund. NO STUDENT WILL BE ENROLLED WITHOUT PAYMENT. OCPE payments may be made via VISA, MC or Discover through Rycor. Completed OCPE applications may be submitted to Molly Pipak via e-mail (plano.ocpe@pisd.edu). We will post on our website when other payment options are available. We will also post when the option to mail in applications is available.



TENTATIVE SCHEDULE - TO BE COMPLETED AND SIGNED BY THE INSTRUCTOR

The student must participate in his/her activity, under professional supervision, a minimum of 15 hours for Category 1 (can leave campus one class period early) OR a minimum of 10 hours each week for Category 2 (cannot leave campus) at ONE approved facility. The document used to record daily attendance, grades, etc. must be completed and returned to the program coordinator on the specified dates. The student is required to participate a minimum of four (4) days during the week (Monday through Friday) plus one (1) additional day that may fall on either the weekend or during the week for a total of five (5) days per week.

	Beginning Time	Ending Time	Site Location/Address
			TEAM NAME/TEAM #, if applicable
MONDAY	_____	_____	_____
TUESDAY	_____	_____	_____
WEDNESDAY	_____	_____	_____
THURSDAY	_____	_____	_____
FRIDAY	_____	_____	_____
SATURDAY	_____	_____	_____
SUNDAY	_____	_____	_____
TOTAL WEEKLY HOURS	_____	_____	_____

**** UNANNOUNCED SITE VISIT CHECKS WILL BE MADE PERIODICALLY EACH SEMESTER BY THE ATTENDANCE OFFICERS.**

The above schedule must be completed, signed/dated by the instructor before the application will be processed. The student/instructor should notify Molly Pipak, 469-752-8051 or by email plano.ocpe@pisd.edu, if a change occurs in the student's practice schedule or facility. Notification of schedule changes should be made by Monday of the week it affects to eliminate unnecessary and costly attendance officer site visits. As a qualified professional instructor, your signature verifies the above schedule and the adherence of the athlete to this schedule.

GRADE SHEETS WILL BE SENT VIA EMAIL ___ OR FAX ___ (check one) Provide appropriate information below:

INSTRUCTOR'S EMAIL ADDRESS or Fax Number: _____

INSTRUCTOR'S NAME (Please Print) _____ **HOME/CELL PHONE** _____

PHONE NUMBER MUST BE INCLUDED WHERE INSTRUCTOR CAN BE REACHED FOR GRADES/ATTENDANCE.

THIS APPLICATION IS INVALID WITHOUT THE INSTRUCTOR'S SIGNATURE AND DATE.

INSTRUCTOR SIGNATURE _____

DATE _____