

Name: _____

To be completed by the student:

In order for this application to be considered, all of the following information must be provided.

Check the appropriate response:

I am applying for admission to Off-Campus Physical Education for the:

Fall Semester **Deadline for Fall application is: September 30, 2009**

Spring Semester **Deadline for Spring application is: January 15, 2010**

Both Semesters **Deadline for Both application is: September 30, 2009**

If accepted to Off-Campus Physical Education, I would like the following arrangement used in scheduling the time for Off-Campus Physical Education. These options are subject to the approval of the Student's principal. **(Check only one.)**

Late Arrival (End of First Period)

Early Dismissal (Beginning of Last Period)

Neither of the Above

Tentative Schedule

The Student must participate in his/her activity, under professional supervision, for a **minimum of fifteen (15) hours per week**. Indicate the beginning time and ending time of the student's activity:

DAY	BEGINNING TIME	ENDING TIME
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Contact your campus counselor with any questions in completing this application form.

Forward to address below:

**Linda Seewald, Director of Physical Education & Health
Patrick Teicher Student Services Building
5651 Grissom Road
San Antonio, TX 78238**