

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: August 16, 2019**

___ **Spring Semester** **Deadline for SPRING application is: December 20, 2019**

___ **Both Semesters** **Deadline for BOTH applications is: August 16, 2019**

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**

Schedule to be completed by the training agency:

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		

Mail or email completed application to:
Northside Independent School District
Marie Surach, Director's Secretary for Health & Physical Education
Patrick Teicher Student Services Building
5651 Grissom Road
San Antonio, TX 78238-2220
[**marie.surach@nisd.net**](mailto:marie.surach@nisd.net)