

Jarrell Independent School District

Physical Education Substitution - Agency Form

This form must be submitted by the parent/guardian on a yearly basis, or more often as needed.

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Person	aı ın	torm	ation:

Personal information.				
Waiver Request School Year:	Semester:	Fall	Spring	Both
Agency Name:	Agency Coordinato	r:		
Agency Address:	<u>.</u>			
Phone #:	Email:			
Training Facility or Program Type:	•			
Category 1 • A facility/program of "exceptional quality" wit athletes and/or Olympic level participants in			gram is capable	of training national
Category 2 • A facility/program with licensing or documen at least 5 hours per week.	tation that substantiates it as a training	facility/program	of "high quality" ir	n which students train
Required: Evidence supporting the quality of the	e training facility/program (do not lea	ave blank; you	may attach do	cumentation)
Trainer / Coach Name:				
Required: Evidence supporting the qualifications	s of the trainer/coach (do not leave	blank; you ma	y attach docum	entation)
Agreement Statements:				
Please read each statement, print and sign the for submission to the school.	rm, attach documentation as neede	d, and submit	the completed t	form <u>to the parent</u> for
I understand that the trainer/coach is responsibend of each semester for course credit.	le for signing a log of student activit	y hours to be	submitted to the	school before the
Select a Documentation Method:	Student maintains log	Agend	cy maintains log	l
I understand that the Superintendent must appropresented to the School Board and Texas Educati		lications for Hi	gh School subs	titutions must be
Agency Coordinator Signature:		Date		

FOR OFFICE USE ONLY

Superintendent's Decision: Agency

Agency Approved

Agency Denied