

## **Jarrell Independent School District**

## Physical Education Substitution - Training Plan

This form must be completed on a yearly basis, or more often as needed.

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Personal Inform	ation:						
Waiver Request Sch	nool Year:	Semester:	Fall	Spring	Both		
Student Name:		Agency Name:					
Trainer / Coach Nar	ne:						
Training Site Addres	SS:						
Training Phone #:		Training Email:					
Documentation:							
<ul> <li>Students tra entry form for</li> </ul>	ach Documentation and Complete Particin at least 15 hours per week in an approved Capr Olympic competition, a publication that verifies Olympic or national athletic certification that ve	ategory 1 facility/programs s the student's Olympic	standing or natio	nal athletic statu			
	nplete Participant Schedule in at least 5 hours per week in an approved Cat	tegory 2 facility/program	. Complete the so	chedule below.			
Training Schedule							
Day		Activity			# of Hours		
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
			Total Participa	ation Hours			
submission to the sch I understand that I semester for course of I understand that a number for PE Subst I understand that the	tement, print and sign the form, attach doo nool. am responsible for signing a log of studen	t activity hours to be ediately if the total pa	submitted to the	e school before s per week dro	e the end of each		
Trainer/Coach Sign	nature:	Date:					
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