

Off-campus Physical Activity Programs Approval Request

revised June 2018

Part 1:

Date of submission: _____

Name of applying district or charter school: _____

County District Number: _____

School year approval will become effective: _____

Contact person: _____

Contact person's email address: _____

Contact person's phone number: _____

Superintendent: _____

Part 2:

Approval of the physical activity programs
 §28.025(b-10) and 19 Texas Administrative Code (TAC), Chapter 74, Subchapter B, Graduation Requirements.

Our district or charter school is applying for Category I only Category II only
 Categories I and II

Category I : Olympic-level participation and/or competition must meet all of the criteria below.

Please indicate your district or charter school's compliance with an "x" in the box.

Category I Substitutions	Yes	No
Students are supervised a minimum of 15 hours per week with highly intensive professional training.	<input type="checkbox"/>	<input type="checkbox"/>
The training facility, instructors, and the activities involved in the program are certified by the superintendent to be of exceptional quality.	<input type="checkbox"/>	<input type="checkbox"/>

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Indicate in the table below the Category I p6(t)-1.1(hep(t)1.16)-12m()4p6(t)app1.16n 0-151()2.3(w)-2(u1.16)-17(C)-15d3