

## 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