

**PRIVATE OR COMMERCIALY-SPONSORED PROGRAMS
SUBSTITUTION POLICY FOR
PHYSICAL EDUCATION**

The secondary schools of AISD will allow credit to be substituted for Physical Education credit up to one (1) unit for students in grade 6-12, participating in private or commercially-sponsored programs certified by the superintendent or his/her designee to be of a high quality which meets the following criteria:

1. Qualification of Instructors – Instructors must be certified to teach or coach the activity by an approved governing body.

Students must be well supervised by appropriately trained instructors a minimum of five hours per school week.

2. Qualification of Students – Students must be registered in an aforementioned program and a regularly scheduled physical education class at the beginning of a school semester and for its duration, in order to claim physical education credit. Students would be sent to a study hall rather than the physical education class.
3. Attendance – The student must participate a minimum of 5 clock hours per week. The student will be responsible to take a written instructor certified report of his/her attendance to the school principal at the end of each six-week reporting period.
4. Grading – The student will be responsible to take a written instructor certified report verifying the numerical grade achieved to the school principal at the end of each six-weeks reporting period. All grades will be recorded as pass/fail.
5. Injury Responsibility – AISD will not accept any responsibility of liability for any student allowed physical education credit from an outside entity. A substitution form designed by the AISD school attorney must be requested, completed, and filed through the school principal's office at said school of enrollment.
6. Fitness – Conditioning – The student must be given rigid warm-up exercises of stretching, strengthening, coordination, conditioning of entire body, along with daily endurance running.
7. Eligibility – The existing extracurricular eligibility policies established by the UIL and local AISD Board of Trustees shall apply to all approved exemptions from physical education for unit credit. "No Pass – No Play" shall apply.

**PROGRAM DESCRIPTIONS
FOR PRIVATE OR COMMERCIALY-SPONSORED TRAINING**

- SCHEDULES: Each program requires 5 clock hours minimum per week.
- STUDENTS: Students must be enrolled in a Physical Education class at their school of attendance. They must be in grade 6-12 and maintain passing grades, along with good conduct at the public school of enrollment.
- INSTRUCTORS: The instructors must be certified to teach or coach the activity by an approved governing body.

Examples:

Gymnastics – U.S.G.F. certified;

Dance – certified by Dance Masters of America or The Cecchetti Council of America;

Swimming – United States Coaching Certification, or A.S.T. (Amarillo Swim Team) certification with a current valid W.S.I., 1st Aid and C.P.R. certificate.

Tennis - certified by United States Professional Tennis Association.

- PROGRAMS: The programs will include requirements of physical conditioning and testing.

- ATTENDANCE
AND GRADING: These two items will be required to be maintained by the instructor on a daily basis and will be made available to the students' public school of enrollment.

FORM A

(Duplicate as needed)

**APPLICATION FOR PHYSICAL EDUCATION SUBSTITUTION
OF PRIVATE OR COMMERCIALY-SPONSORED PROGRAMS**

(AISD Campus student attends)

(Date)

REGISTRATION NOTIFICATION

I, _____, the legal parent or guardian do
(Parent Name - Please Print)

verify that _____ is enrolled in an approved
(Student Name - Please Print)

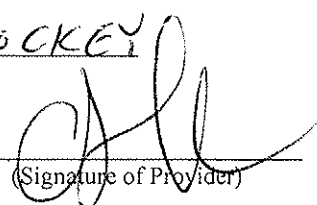
program according to the Amarillo ISD/TEA requirements.

(Parent or Guardian Signature)

PRIVATE OR COMMERCIALY-SPONSORED PROGRAM INFORMATION

Program provided: AMARILLO HOCKEY

AMARILLO HOCKEY ASSOC.
(Provider/Company Name)


(Signature of Provider)

(806) 670-7577
(Provider Phone Number)

AUSTIN SUTTER
(Printed name of Provider)

PO Box 2561 Amarillo, TX
(Provider Address w/Zip code)

79105

Revised 8/6/09



FORM B

**LIABILITY RELEASE FOR PHYSICAL EDUCATION SUBSTITUTION OF
PRIVATE OR COMMERCIALY-SPONSORED PROGRAMS**

I, _____, the legal parent or guardian will
not hold the Amarillo Independent School District liable for any injuries incurred by

_____ from _____
(Student Name) (AISD school student attends)

School while participating in the private or commercially sponsored physical activity
program being substituted for Physical Education credit. I further acknowledge and
understand that Amarillo ISD does not conduct criminal background checks on
employees or volunteers of the private or commercially-sponsored program, and that
Amarillo ISD does not control or direct the private or commercially-sponsored program
or its employees or volunteers.

_____/_____
Parent or Guardian Signature Date

_____/_____
Principal or Notary Signature Date

Witnessed this _____ Day _____ Month _____ Year

FORM C

(Duplicate as needed)

PRIVATE OR COMMERICALLY-SPONSORED PROGRAMS
SUBSTITUTION FOR PHYSICAL EDUCATION

SIX WEEKS/SEMESTER REPORT FORM

Student Name

AISD School Attending

Home Address

Physical Education Teacher Name

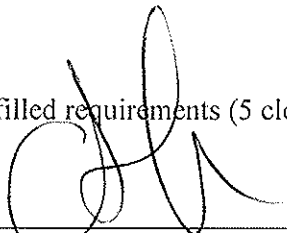
Phone Number

*Reporting Period (Circle One) 1st, 2nd, 3rd, 4th, 5th, 6th, Sem. 1, Sem. 2

Attendance – Days Absent _____ (Please notify school if student drops)

Grade _____ (Circle One) Pass – Fail

I do verify that the aforementioned student has fulfilled requirements (5 clock hours per week)

 , 8/18/17

Qualified Instructor Signature Date

AMARILLO HOCKEY ASSOC.

Approved School Name

Po Box 2561 Ama, TX 79105

Address

(806) 670 7577

Phone

*It is the responsibility of the student to deliver the report form to their Physical Education teacher or their grade level counselor no later than the last day of each reporting period.

FORM C

(Duplicate as needed)

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SUBSTITUTION FOR PHYSICAL EDUCATION**

SIX WEEKS/SEMESTER REPORT FORM

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Attendance – Days Absent _____ (Please notify school if student drops)

Grade _____ (Circle One) Pass – Fail

I do verify that the aforementioned student has fulfilled requirements (5 clock hours per week)

Qualified Instructor Signature / _____
Date

Approved School Name

Address

Phone

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Date

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