



**Carroll Independent School District**

2400 N. Carroll Ave.

Southlake, TX 76092

Phone (817) 949-8255

<http://www.southlakecarroll.edu>

**CISD PROVIDER AGREEMENT FORM**

**School Year: 2025-2026**

To Whom It May Concern:

This letter is to inform you that \_\_\_\_\_, committing to

(print student's full legal name: First, Middle, Last)

**Cat. I/15 hrs. activity each week** \_\_\_\_\_ **Cat. II/5 hrs. activity each week** \_\_\_\_\_

(check student's designated category of weekly activity time)

has submitted an application to receive Off Campus Physical Activity credit through your program. In order for this student to qualify for this program through the District, you must agree to the parameters set forth by the Carroll Independent School District.

As a provider of Off-Campus Physical Activity you must comply with the parameters identified below. Please place a checkmark (✓) in each box below to indicate acknowledgement.

- ☒ I agree to structure my teaching in a manner that fulfills the guidelines as developed in the Texas Education Knowledge and Skills (TEKS) curriculum.
- ☒ At the request of the student referenced above, I will provide a letter on business letterhead about my program along with contact information for myself.
- ☒ I will confirm, with my signature, practice activities and dates fulfilled by the student.
- ☒ I also am aware that it is the student's responsibility to have his/her activity log sheet completed at each session and delivered to his/her OCPA Coordinator at the specified deadlines.
- ☒ I agree to give each of my students a Pass/Fail grade on the grade report provided to me by the student on the specified date of each grading period.

I, \_\_\_\_\_, understand Carroll Independent School  
(please print your full legal name on line above)

District's expectations for the Off-Campus Physical Activity Program. I also understand my responsibility as a supervisor/coach.

Provider's Signature

*Bruce Frady*

Date 5/6/2025

Provider's facility address: PO Box 93237 Southlake, TX 76092

Provider's E-mail address: Coachfrady@southlakelacrosse.org

Provider's Phone number:

203 500 2994

**CMS and DMS students - Please mail form to:**

**Carroll ISD Administration Center**

**Attn: Jenna Chitwood-OCPA**

**2400 N. Carroll Ave., Southlake, TX 76092**

**817-949-8295 (phone)**

**CHS and CSHS students - Please mail to:**

**Carroll ISD Administration Center**

**Attn: Marsha Vawter-OCPA**

**2400 N. Carroll Ave., Southlake, Texas 76092**

**817-949-8295 (phone)**