

**Alamo Heights Independent School District**  
**OFF-CAMPUS PHYSICAL EDUCATION (OCPE) WAIVER**  
**STUDENT INFORMATION AND DISTRICT APPROVAL FORM**  
*This form must be completed and signed before approval will be considered*

***Student Information***

Student Name: \_\_\_\_\_ School Year 20\_\_ - 20\_\_  
Student ID #: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Parent(s) / Guardian(s): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

***Campus Information***

|                          |                    |   |
|--------------------------|--------------------|---|
| Campus: _____            | Grade Level: _____ | Semester: ___ Fall <b>OR</b> ___ Spring |
| Counselor Name: _____    | Phone #: _____     |   |
| Category I <b>OR</b> ___ | Category II ___    |   |

***Agency Information***

|                                 |                       |
|---------------------------------|-----------------------|
| Agency Name: _____              | Agency Phone #: _____ |
| Agency Coordinator Name: _____  |                       |
| Agency Coordinator Email: _____ |                       |

*By signing this application, the student, the parent/guardian, and the OCPE Agency Coordinator, understand and acknowledge that this program will substitute for a P.E. course and a numeric grade will be issued. Failure to complete any of the program requirements **may result in the student not receiving credit.***

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Principal or Designee (School Counselor) Signature: \_\_\_\_\_ Date \_\_\_\_\_  
OCPE Agency Coordinator Signature: \_\_\_\_\_ Date \_\_\_\_\_

***Completed packets must be turned into the OCPE Office on or before the first day of the fall or spring semester.  
There will be no exceptions for late or incomplete applications.***