

# Eanes Independent School District Application For OFF-CAMPUS INSTRUCTION

**Attention:** In order for this application to be considered for any semester, it must be completed and returned to the student's counselor no later than the end of the second week of the semester for which the application is made.

**APPLICATION PACKET includes:**

1. General guidelines for Off-Campus Instruction Programs
2. Section to be completed by the student
3. Section to be read and completed by the parent/guardian and student
4. Section to be completed and signed by the off-campus professional instructor

**PURPOSE:**

The purpose of the Off-Campus Instruction Program is to accommodate students who are making serious efforts to develop high-level capabilities in individual specialized areas of education by allowing them to be involved in individual programs offered outside the district.

**STUDENT ELIGIBILITY:**

Students in grades 9-12 who are currently participating in individual co-curricular programs, which involve a minimum of 15 hours of weekly intense, professionally supervised training, may apply to receive a class period off per day to pursue the outside interests. Students must maintain sufficient state credits to graduate on time with their class.

**To be completed by the Counselor:**

\_\_\_\_\_ The application is complete and was returned within the first two weeks of the semester for which the application was made.

\_\_\_\_\_ The Principal has reviewed and approved/disapproved (circle one) the application.

COUNSELOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

LEAD COUNSELOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINCIPAL'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# OFF-CAMPUS INSTRUCTION

## GENERAL GUIDELINES:

1. **The student and parent must** make formal application through the student's academic counselor and receive approval for participation in an off-campus instruction program.
  - a. The application must include evidence that the activity in which the student is engaged addresses goals for personal, academic or athletic growth.
  - b. The application must offer evidence of prior training with a recognized professional in the specified activity.
  
2. **The student must** maintain an intense training program under professional supervision and within the guidelines outlined by the District.
  - a. The student must participate in his/her activity, under professional supervision, a minimum of 15 hours a week at one facility.
  - b. The student must participate a minimum of four days during the week (Monday-Friday) plus an additional day that may fall on the weekend or during the week. All such participation must always be under the direct supervision of the instructor.
  - c. The student may miss no more than one period of the regular school day.
  - d. The student may not have more than five unexcused absences per semester in order to remain eligible for the off-campus instruction period. (Excessive homework is not an excused absence from the required activity.)
  - e. The student and the instructor will adhere to the District's guidelines for student attendance and contact hours.
  - f. The student must continue to show improvement in skills development.
  - g. The student will maintain eligibility for off-campus participation by passing all academic courses each six weeks, maintaining regular attendance, and demonstrating improvement of skills.
  
3. **The off-campus instructor must** create a specific training program for the student, monitor student progress toward the program goals, and regularly communicate student progress as specified by the principal.
  - a. As a part of the application process, the off-campus instructor will submit a written outline of program objectives and weekly schedule.
  - b. The off-campus instructor will report attendance to the school.
  - c. The off-campus instructor will forward a grade recommendation based upon student performance and attendance.
  - d. The off-campus instructor will contact the student's academic counselor if the student's attendance becomes irregular.
  - e. The off-campus instructor will constantly observe and evaluate the student's attitude, work habits, and progress. If, at any time, the student fails to maintain a high level of performance, the off-campus instructor will be expected to contact the student's academic counselor and withdraw his recommendation.; the student will no longer be considered eligible for the off-campus program.

# OFF-CAMPUS INSTRUCTION

## TO BE COMPLETED BY THE STUDENT:

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
                    First                                      Middle                                      Last

GRADE LEVEL: \_\_\_\_\_ STUDENT I.D. # \_\_\_\_\_

COUNSELOR: \_\_\_\_\_

ACTIVITY for which an off-campus instruction waiver is requested:

\_\_\_\_\_

I am applying for admission to Off-Campus Instruction for:

Semester I \_\_\_\_\_ Semester II \_\_\_\_\_ Both Semesters \_\_\_\_\_

NAME OF INSTRUCTOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

FACILITY WHERE TRAINING WILL OCCUR:

Name of facility: \_\_\_\_\_

Facility address: \_\_\_\_\_

Facility phone number: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

# OFF-CAMPUS INSTRUCTION

**TO BE COMPLETED BY THE PARENT AND THE STUDENT:**

## Parent Permission

I have carefully read the guidelines for the Off-Campus Instruction Program as specified in the application and I agree to comply with those regulations. I hereby release the Eanes Independent School District, its employees, agents, and its Board of Trustees, from all claims or liability in any way attributable to this program including all travel to, from, and during the program. I also understand that all liability in case of accident or hospitalization is responsibility of the parent, the private instructor or the commercial school. The Eanes Independent School District is not responsible for accident or hospitalization insurance. I understand that the Eanes Independent School District has no control over the daily activities of the program, the quality of the program, or qualifications of the instructor of the program.

My son/daughter, \_\_\_\_\_, has permission to participate

in the Off-Campus Instruction Program for \_\_\_\_\_ at  
(Off-Campus Activity)

\_\_\_\_\_ under the supervision of \_\_\_\_\_  
(Off-Campus Facility) (Name of professional instructor)

from \_\_\_\_\_ to \_\_\_\_\_.  
(Date) (Date)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

# OFF-CAMPUS INSTRUCTION

## TO BE COMPLETED BY THE OFF-CAMPUS INSTRUCTOR:

1. What are your qualifications as a professional instructor?

a. Degrees, licenses and/or certifications:

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b. Experience as a professional instructor:

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2. How long has this student trained under your supervision?

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3. In what events has the student competed under your instruction?

Event

Results

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4. What is your general evaluation of the student's ability?

5. Describe the facility where training of this student will be conducted.

6. What are the specific training goals for the student within the next nine months?

7. What competitive events have been scheduled for the student within the next nine months?

# OFF-CAMPUS INSTRUCTION

TO BE COMPLETED BY THE OFF-CAMPUS INSTRUCTOR:

## STUDENTS'S TRAINING SCHEDULE FOR

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(Range of Dates)

The following schedule must be completed before the application will be considered. The instructor/facility should notify the student's academic counselor immediately if a change occurs in the schedule.

	Beginning Time	Ending Time	Activity
MONDAY	_____		
TUESDAY	_____		
WEDNESDAY	_____		
THURSDAY	_____		
FRIDAY	_____		
SATURDAY	_____		
SUNDAY	_____		

As a professional instructor, I am aware of the reporting system and the attendance policies of the Eanes Independent School District. I understand the importance of maintaining program integrity and therefore **I will support the guidelines under which the applicant may participate in the Off-Campus Instruction Program.**

I understand that the Eanes Independent School District is accountable for the participation of each student in Off-Campus Instruction Program. I will make every effort to cooperate with the District in its accounting procedures.

**As a qualified professional instructor, my signature verifies that I understand my responsibilities to the student and to the Eanes Independent School District.**

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Instructor's Signature

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Date