

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT  
Corpus Christi, Texas

**APPLICATION FOR PHYSICAL EDUCATION EQUIVALENCY CREDIT**

Parents/guardians requesting physical education equivalency credit for a student through an approved private or commercially sponsored physical activity program **must** submit a completed, signed, and dated District *APPLICATION FOR PHYSICAL EDUCATION EQUIVALENCY CREDIT*, for a program on the District *LIST OF APPROVED PROGRAMS*, to the counselor no later than 30 school days prior to the start of the semester for which the credit may count. New programs, those not on the list, may be considered for approval for the following school year. Approval is granted/denied by the Superintendent of Schools.

\_\_\_\_\_ Olympic-Level Program (15 hours/week) **OR** \_\_\_\_\_ Private/Commercially Sponsored (5 hours/week)

**1. STUDENT**

Name: \_\_\_\_\_ Grade Level: 6 7 8 9 10 11 12  
 Address: \_\_\_\_\_ School: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 School I.D. No.: \_\_\_\_\_ S.S. No.: \_\_\_\_\_

**2. PARENT INFORMATION**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**3. PROGRAM SPECIFICS**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Instructor: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
 Type of Activity: \_\_\_\_\_ Phone: \_\_\_\_\_

**4. PLANNED ACTIVITY SCHEDULE (Must be the specific schedule student will follow)**

Day	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Total
Times								Hours/Week
Hours/Day								

**STATEMENT OF ACCURACY**

We, the undersigned, attest to the accuracy of the information contained in this *APPLICATION FOR PHYSICAL EDUCATION EQUIVALENCY CREDIT*. We understand that this application applies ONLY to Texas Education Code 74.11 (d) (7) (D) and Local Administrative Regulation EIF(R) – (LOCAL). All other credit requirements must be met. We further understand that submission of false information will result in no credit for the program.

**RELEASE OF LIABILITY**

I hereby release the Corpus Christi Independent School District, its Board of Trustees, District/campus employees, agents, and volunteers in both their official and individual capacities from any and all liability, claims, suits, damages, or causes of action whatsoever for any property damage or personal injury sustained by my child that may arise in connection with his/her participation in this activity and his/her transportation.

\_\_\_\_\_  
Signature of Parent/ Legal Guardian      Date      \_\_\_\_\_  
Signature of Campus Administrator      Date

(Signatures above indicate the signers have verified the program listed is on the District's *LIST OF APPROVED PROGRAMS*.)

SEMESTER (Circle One): *Fall* / *Spring* 20 \_\_\_\_\_      Office Use Only: Date Rec'd: \_\_\_\_\_ Initials: \_\_\_\_\_