

Rye City School District
Out-of-District Opt-Out Experience
(Juniors and Seniors ONLY)

Student Name: _____

Activity: _____

Grade: (circle one): 11th/12th

Preferred Email: _____

Who May Apply: Juniors and seniors who participate in an approved Out-of-District Experience (O.D.E.) which includes sustained, vigorous, and organized physical activity, are eligible to opt-out of Physical Education classes. The activity should be approximately 120 hours per season.

Until this application is approved, students are expected to attend and participate in Physical Education class. Students who do not participate in P.E. while application is being approved will forfeit their eligibility to opt-out.

Application Deadline: The application MUST be submitted **NO LATER than Friday, December 3rd, to the student's P.E.teacher of record.** Late applications will NOT be accepted.

Requirements :

1. The Physical Education O.D.E. activity must:

- Be a competitive sport with an established organization/team
- Be taught by personnel (certified or non-certified) who have appropriate experience as shown on their professional resume (Please note that applications including an instructor who is a family member will not be accepted)
- Be approved by the Director of Health, Physical Education & Athletics and the High School Principal

2. The student must:

- Provide a detailed description of the O.D.E., including the frequency, intensity and duration
- Provide evidence of the O.D.E., including instructor's qualifications and resume (*Instructor's Resume must be attached to this application*)
- Maintain an activity log to be submitted and reviewed with their P.E. teacher of record two weeks prior to the end of each quarter

3. The student will provide final documentation to the P.E. teacher of record:

- Attestation by coach/instructor regarding hours completed
- Final activity log
- Student reflection on experience turned in two weeks prior to the end of each quarter (including a flipgrid video, pictures and 1-2 page typed reflection)

By signing this form, I understand that:

- If I am found loitering in the halls or disrupting school in any way, I will IMMEDIATELY lose the privilege of opting-out from Physical Education classes;
- Further, I understand that if at any time I am no longer a participant in the O.D.E. activity, I must return to Physical Education classes IMMEDIATELY and that failure to do so will lead to disciplinary consequences and a failing grade in P.E. for the semester.
- If I do not fulfill my obligations as listed, I will be placed back into Physical Education class.

Student Signature _____ Date: _____

I understand that it is my child's responsibility to meet and document the required hours as stated above in order to receive credit for Physical Education, and should he/she fail to do so, he/she will not receive Physical Education credit and must make up the Physical Education credit required to graduate.

Parent Signature _____ Date: _____

Approval Signatures

Director of Health, Physical Education & Athletics Signature

_____ Date: _____

Principal Signature _____ Date: _____

Superintendent Signature _____ Date: _____

**Rye City School District Resume
(Out-of-District Experience Supervisor/Instructor)**

Experience Supervisor/Instructor Name:

Title: _____

Email: _____

Mobile Phone: _____

Current Employer/Business Name: _____

Business Phone: _____

Business Address:

Education & Professional Preparation: College(s) Attended:

Degree(s): _____

Date(s): _____

Professional Certifications and Qualifications (Describe Briefly):

Employment History: Job Description at Current Employer:

Out of District Experience for:

Student Name _____

Rye High School Grade: _____

Briefly describe the activity that you will be supervising/instructing for the above named Rye High School student.

I agree to supervise the Opt Out of District Experience for the student named above, assume responsibility for his/her safety, document his/her attendance and participation for approximately 120 hours per season and be available to communicate with the Rye City High School Physical Education Faculty.

Signature: _____ Date: _____

Incomplete resume forms will NOT be accepted. Please fill out completely.