WISD VENDOR APPLICATION AND AGREEMENT FORM

Student Name: _____

Vendor Name: _____

Vendor Coordinator: _____ Telephone_____

Vendor Coordinator's Email Address: _____

Physical Address of Training Facility (Where student will participate):_____

_____

What criteria was used to certify the instructors? _____

_____

_____

What are the agency's/vendor's program goals (May be attached) _____

_____

_____

Describe a typical training session. (May be attached) _____

_____

_____

_____

Describe how a student will be graded. (May be attached) _____

_____

_____

As a provider of Off-Campus Physical Activity you must comply with the parameters identified below.
Please place a check mark (✔) 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.
- ☐ I will confirm, with my signature, practice activities and dates fulfilled by the student.
- ☐ I also am aware that it is the provider's responsibility to complete the attendance log and grading sheet and email them to the teacher of record for each grading period.
- ☐ I agree to the training hours outlined in this packet and should they change, I will contact the school counselor immediately.

The vendor must complete the following schedule for the student to verify at least 15 hours of required participation for Category I or at least 5 hours of required participation for Category II. Games and Contests may not count for participation in Category II.

Day	Physical Address of Training/Participation	Number of Hours of Participation
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
	Total Hours in Participation:	

This student qualifies for: (check one) _____ Category I _____ Category II

Category I Only
Student and agency must supply <u>one</u> of the following for students participating in Category I.
Attach a photocopy to this form.

- This student's entry for or award for Olympic or regional/national participation and/or competition.
- A publication which verifies this student's Olympic or regional/national athletic status, rank, or participation.
- This student's Olympic or regional/national athletic certification, which verifies his/her status, rank, or participation.
- A written coach's statement that describes this student's performance level.

I, _____, understand Whitehouse Independent
(*please print your full legal name on line above*)

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

Provider's Signature_____ Date _____