



FOREIGN EXCHANGE STUDENT TRANSFER

IDAHO HIGH SCHOOL ACTIVITIES ASSOCIATION
8011 Ustick Rd Boise ID 83704 Fax: 208-322-5505

Foreign exchange students participating in a foreign exchange program approved by C.S.I.E.T. may participate in interscholastic athletic competition provided (1) all other rules and regulations regarding eligibility have been met, (2) the Foreign Exchange Student Transfer form has been filed by the administrator with the IHSAA, and (3) written permission to compete has been received from the IHSAA.

SCHOOL _____ CITY _____

STUDENT _____ Male Female BIRTHDATE _____
Mo. Day Year

Name of organization sponsoring student (see foreign exchange student rule) _____

Has student graduated from high school in his/her own country? Yes No

VISA Classification _____ (J-1) Other _____ (List) VISA validity dates _____

Is the J-1 VISA a direct placement? Yes No

How many years of secondary education were completed _____

Country and school from which transferring _____

Date student last attended school _____ Date student entered your school _____

Did student pass the required number of courses last grading period? Yes No

Family with whom student will live _____

Relationship between host family and the high school/athletic program _____

Host Family Address _____

Local exchange program representative monitoring student _____

PLEASE NOTE: This form will not be processed if the student listed below is not participating in an approved foreign exchange program as listed under IHSAA rule 8-9-5.

"I certify that I have reviewed and understand the Association's Foreign Exchange Student Transfer rules; that I have discussed those rules with the above student and with his/her parents; that I have investigated the information provided above and such additional information as I have deemed necessary; and that I believe that the student's transfer is not the result of recruiting or for any other reason in contravention of the Association's Transfer Rule or other applicable rule."

Administrator's Signature _____ Date _____

DO NOT WRITE IN THIS SPACE
(MUST HAVE STAMP TO BE OFFICIAL)

Approved by _____ Date _____

Eligible _____ Restrictions (if applicable) _____

Ineligible _____ _____

No Action _____ _____