ELIGIBILITY REGULATION WAIVER

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

The Eligibility Regulation Waiver must be filed with the IHSAA when it is determined that a student does not meet the criteria for eligibility as outlined in the Rules and Regulations.

Complete all items requested on this form. NO request will be considered unless all information is supplied.

Student _____ Male / Female Birthdate: _____

Parent or Guardian _____

Address of Parent _____

Person with whom student will live _____Relationship _____

Address (where student will live) _____

Identify IHSAA eligibility regulation you are requesting to be waived _____
(Use current year manual for references)

Date of first enrollment in 9th grade _____
(Month & Year)

Did student attend school last semester? _____ Did student pass five accredited classes last semester? _____

If transfer: what school did student transfer from: _____

Was student eligible to participate at previous school at time of transfer? _____ List all activities in which student

participated during the last 12 months preceding the date of transfer. _____

Certification of Application:

This is to certify that the student named herein has effected the transfer of schools as indicated, that the transfer was not for participation reasons, and that no person has used undue influence in an attempt to secure this student's enrollment for purposes of activity participation. We further certify that all information herein contained is correct and understand that ineligibility may result if the information proves to be incorrect through **error in statement**. We authorize both the sending and receiving schools/parties to provide any information to the IHSAA, its agents, and employees pertinent to this student's waiver.

_____ _____ _____ _____
Signature of Parent/Guardian Date Signature of Student Date

Required – Check when completed:

_____ Transcript of student's grades & credits

_____ Letter of request of waiver from school authority (from school filing request)

_____ Letter of support from principal of previous school

_____ Supporting letters/documentation from parents, doctors, or others pertinent to the explanation of situation

School _____ Signature _____
Principal or Authorized Administrator

Date _____

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

Approved by _____ Date _____

Restrictions (if applicable)

Eligible _____ _____

Ineligible _____ _____