



# WAIVER OF TRANSFER RULE

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

A student who transfers schools under conditions which do not meet the terms of the IHSAA transfer standards may be eligible to participate in interscholastic activities, **except varsity level competition in activities in which the student competed, tried out for, or participated on any organized club, school or otherwise scheduled team during the twelve calendar months preceding the date of such transfer**, provided the activity eligibility is approved by the administrators of both the sending and receiving schools and the Board of Directors, and further provided there is no participation purpose involved in the transfer. The student shall be ineligible for all activities for one calendar year from the date of transfer in the event that either or both administrators or the Board of Directors decline to approve eligibility. (The above rule applies to all public to public, private to private, private to public, public to private school transfers and transfers from schools outside the United States to any school in Idaho.) A student who is eligible for non-varsity competition only is ineligible for district and state competition.

This form is to be used **ONLY** to apply for eligibility as restricted by the Transfer Rule explained above. An administrator of both the receiving school and the school formerly attended, as well as the parent(s) or legal guardian(s) and the student must certify the transfer was not for participation reasons. The student will become eligible when a final approval is granted by the IHSAA.

It shall be the responsibility of the administrator of the receiving school to:

1. Initiate and complete this application
2. Secure necessary responses and signatures needed in sections B and C
3. Submit the completed form to the IHSAA office

**SECTION A:** (To be completed by administrator of school to which student has transferred)

1. Name of student \_\_\_\_\_ Male Female Date enrolled \_\_\_\_\_

2. Current street address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Is this address within the boundaries of your school district? Yes No

3. Has the student changed residences? Yes No

If yes, briefly explain \_\_\_\_\_  
\_\_\_\_\_

4. Student's date of birth \_\_\_\_\_ Student's age \_\_\_\_\_

5. Total semesters completed to date in grades 9-12 \_\_\_\_\_

6. Enrolled in former school from (dates) \_\_\_\_\_ to \_\_\_\_\_

7. Activity(ies) in which the transfer student wishes to compete \_\_\_\_\_

8. Has this student had contact with any of your coaches prior to enrollment in your school? Yes No

9. Certification of administrator of the new school (please check the box of the appropriate language)

The above information is correct to the best of my knowledge. I ( do do not) believe undue influence was used by any person(s) to encourage the student transfer. I ( do do not) approve eligibility.

School: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION B:** (To be completed by the student and his/her parent or guardian)

1. 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**.

\_\_\_\_\_  
Signature of Parent/Guardian Date Signature of Student Date

**SECTION C:** (To be completed by administrator of previous school)

**Observe Carefully:** The waiver requested under this rule, as stated on the reverse side of this form, must be approved by the administrator of the former school before being acted upon by the IHSAA.

Name of student \_\_\_\_\_

1. Was the student eligible to participate in your school at the time of transfer? Yes No

If no, explain \_\_\_\_\_  
\_\_\_\_\_

2. Initial all activities in which the student competed, tried out for, or participated on any **organized club** (this includes programs that are outside of school), **school or otherwise scheduled team** (freshman, junior varsity, varsity) **during the 12 calendar months preceding the date of transfer. This would include incoming freshman trying out for teams.**

- |          |            |               |            |           |        |
|----------|------------|---------------|------------|-----------|--------|
| Baseball | Basketball | Cross Country | Football   | Golf      | Soccer |
| Softball | Tennis     | Track & Field | Volleyball | Wrestling | Dance  |
| Cheer    | Speech     | Debate        | Drama      | Swimming  |        |

If none, initial here: \_\_\_\_\_

3. **Certification of Administrator of Former School:** (please check the box of appropriate language)

The above information is correct to the best of my knowledge. I ( **do** **do not** ) approve eligibility in the new school.

NOTE: State reasons if not approved: \_\_\_\_\_  
\_\_\_\_\_

School: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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 _____	_____