



ELIGIBILITY REGULATION WAIVER HARDSHIP

IDAHO HIGH SCHOOL ACTIVITIES ASSOCIATION

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 and has evidence they have experienced **an unusual circumstance that was unforeseen, unavoidable, or uncontrollable** as defined by IHSAA Rule 8-14-12.

**This form is to be completed by the administrator of the school to which student has transferred.
Complete all items requested on this form. NO request will be considered unless all information is supplied.**

Student _____ Birthdate _____ Male Female

Parent/Guardian _____ Address of parent _____
Address City Zip

Person with whom student will live _____ Relationship _____

Address where student will live _____
Address City Zip

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

IHSAA eligibility regulation rule 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? Yes No

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

If transfer, what school did student transfer from _____
School City State

Was student eligible to participate at previous school at time of transfer? Yes No

List all activities in which student participated during the last 12 months preceding the date of transfer: _____

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 administrator of previous school
- Letters, evidence, and documentation from students, parents, doctors, or others detailing the "unusual circumstances that are unforeseen, unavoidable, or uncontrollable."
- Signed copy of the IHSAA Transfer Guidelines Form

School _____ 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 _____ _____