



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) What grade are you in now or about to start?

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 _____ _____



Eligibility Regulation Waiver (hardship) Transfer Guidelines Form

The IHSAA defines hardship in Rule 8-14-12 as, “unusual circumstances that are unforeseen, unavoidable, or uncontrollable”.

1. Please be advised that the Idaho High School Activities Association Eligibility Committee and Board of Directors will NOT recognize the following as hardships:

- Athletic motivation
- Proximity to school / driving distance
- Gas prices
- Playing time or other coach's decisions
- Small or large class sizes
- Allegations of a better education
- Depression or anxiety without medical documentation from a mental health professional.

2. Harassment, intimidation, and bullying will only be considered if the following documentation is provided:

A copy of the previous school's anti-harassment, anti-intimidation, anti-bullying policies and procedures to the IHSAA.

The previous school's anti-harassment, anti-intimidation, anti-bullying policies and procedures strictly followed by both the previous school and the student/parent/guardian.

The student/parent/guardian authorization of the release of the complete record outlining the events and circumstances behind the initiation of the policies and procedures.

A detailed report of the incident(s).

An outline of the procedures used to respond to and investigate the reported incident(s).

A copy of the findings that were a result of the complaint process and investigation.

A detailed disciplinary procedure for any individual found guilty of harassment, intimidation or bullying.

Reports of notification to parents/guardians of any student involvement in the incident(s).

A report of the intervention strategies and remedial actions the previous school undertook to assist the student and address the complaint.

3. In cases involving medical hardships, the waiver request must be accompanied by the statements of two or more medical experts from unique offices. Statements should include, in detail, the medical aspects of the case.

Certification of Application:

This is to certify that the student named herein has affected the transfer of schools as indicated, that the transfer was not for participation reasons, and that no person has used undue influence 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.

I have knowingly provided all the information requested and agree to the release of all records.

Student Signature:

Date:

Parent/Guardian Signature:

Date:

School Administrator Signature:

Date: