

WAIVER OF TRANSFER RULE

IDAHO HIGH SCHOOL ACTIVITIES ASSOCIATION

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 bour	ndaries of your school	district?	Yes	No		
3. Has the student changed resid	lences? 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	n (dates)	to				
7. Activity(ies) in which the trans	fer student wishes to	compete				
8. Has this student had contact v	vith any of your coach	es prior to en	rollment in y	our school?	Yes	No
9. Certification of administrator	of the new school (plea	ase check the l	oox of the app	ropriate lang	uage)	
The above information is correct person(s) to encourage the stude:	•		lo do no approve eligib	,	idue influence was	s used by any
School:		Street Add	dress:			
City:		Zip Code	: <u>-</u>		Phone:	
Administrator's Signature			Date _			
SECTION B : (To be completed by	the student and his/her	parent or gua	rdian)			
 Certification of Application: This is to certify that the student participation reasons, and that no activity participation. We further the information proves to be incommended. 	person has used undue certify that all information	influence in a ion herein con	n attempt to s	ecure this stu	dent's enrollment	for purposes of
Signature of Parent/Guardian	Date		Signati	are of Stude	nt	Date

SECTION C: (To be completed by <u>administrator of previous</u> 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 stud	dent				Waiver of Transfer App. – pg. 2				
1.	Was the stude	nt eligible to partic	cipate in your school at	the time of transfer?	Yes	No				
	f 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.										
Ва	seball	Basketball	Cross Country	Football	Golf	Soccer				
So	ftball	Tennis	Track & Field	Volleyball	Wrestling	Dance				
Ch	neer	Speech	Debate	Drama	Swimming					
NO'	TE: State reaso	ns if not approved:								
School:				Street Address:						
City:			Zip Code:		Phone:					
Adn	ninistrator's Sig	gnature		Date		_				
				ITE IN THIS SPA	CE					
Approved by			Date		_					
Elig	rible		Restrictions (if applicable)						
Inel	igible									
No	Action									