



# 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.

**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
- \_\_\_\_\_ Supporting letters/documents from parents, doctors, or others pertinent to the explanation of situation

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 _____	_____