

# WAIVER FORMS

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## Waiver Forms

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# ALASKA STUDENT FOREIGN EXCHANGE AND TRAVEL PROGRAM WAIVER

Alaska students involved in exchange/travel programs including, but not limited to, the American Field Service, Rotary International and Youth for Understanding, are eligible for interscholastic competition upon return to their home schools when a request for waiver of the Semester Credit Rule (Bylaw Article 12, Section 7) is made to the Association and approved by the Executive Director. A request for waiver must be submitted on this form. Alaska students involved in exchange/travel programs must otherwise be eligible in accordance with all other rules. Participation in interscholastic competition while involved in an exchange/travel program will count toward maximum years or seasons of participation in that specific competition as defined in Bylaw Article 12, Section 3, as well as the Consecutive Semester Rule, Article 12, Section 3.

**Student**

**Gender**

 M  F

**Date of birth**

**Age**

**Grade level (9-12)**

**Request confidentiality?**

 Yes  No

**Parents or guardians**

**Parent/guardian address**

**Country to which student traveled**

**Sponsoring organization**

**School student attended in foreign country**

**Enrollment dates in foreign school**

 to 

**Home school student attended before travel**

**Date last attended**

Did the student pass five (5) subjects during the last semester at his/her home school?  Yes

**Date initially enrolled in high school in Alaska**

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**

Scan and email this form to office@asaa.org or fax to 907-561-0720

# ALASKA STUDENT FOREIGN EXCHANGE AND TRAVEL PROGRAM WAIVER

**Continuation**

**School**

**Student**

**School principal's certification**

I certify that I have received and understand the Association's Alaska Students Involved in Exchange/Travel Programs rule, Bylaw Article 12, Section 9, C 15, and that I have discussed this rule with the herein named student and with his/her parent(s) or guardians.

Principal's Name (please print) \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Executive Director's Decision**

- Waiver request APPROVED
- Waiver request DISAPPROVED

**Executive Director's Signature**

**Comments**

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**  
Scan and email this form to office@asaa.org or fax to 907-561-0720

# F1 VISA-FOREIGN STUDENT WAIVER

Print or type in English, and send the completed form to the principal of the Alaska school you are attending.  
Completion of this form does not guarantee eligibility for high school sports in the U.S.

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <b>Member School</b> | <b>Phone</b>         | <b>Fax</b>           |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                        |                      |                      |
|------------------------|----------------------|----------------------|
| <b>Mailing Address</b> | <b>City</b>          | <b>Zipcode</b>       |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> |

|  |   |                      |
|--|---|----------------------|
| <b>Principal's name (please print)</b> | <b>Principal's signature (required)</b> | <b>Date</b>          |
| <input type="text"/>                   | <input type="text"/>                    | <input type="text"/> |

## 1. GENERAL STUDENT INFORMATION

**Student's Full Name (as it appears on passport / birth certificate)**

|   |                                 |                      |                                     |
|---|---------------------------------|----------------------|-------------------------------------|
| <b>Gender</b>   | <b>Date of birth (mm/dd/yy)</b> | <b>Age</b>           | <b>Grade level (9-12) in Alaska</b> |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="text"/>            | <input type="text"/> | <input type="text"/>                |

|  |                              |
|--|------------------------------|
| <b>Permanent Address (in home country not USA address)</b> | <b>Home Phone</b>            |
| <input type="text"/>                                       | Country Code:<br><br>Number: |

**Individuals living at permanent address (check parents, and list other individuals by relationship)**

|                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Father       | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mother       | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

**Father's Name**

**Current Employer**

**Mother's Name**

**Current Employer**

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**  
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# F1 VISA-FOREIGN STUDENT WAIVER

## 2. EDUCATIONAL BACKGROUND - SCHOOL LAST ATTENDED

|                             |  |
|-----------------------------|--|
| <b>School Name</b>          |  |
| <b>School Address</b>       |  |
| <b>City/State/Country</b>   |  |
| <b>Phone Number</b>         |  |
| <b>Headmaster/Principal</b> |  |
| <b>Attendance Dates</b>     |  |
| <b>Grades Attended</b>      |  |
| <b>Diplomas</b>             |  |
| <b>Who Paid?</b>            |  |

## 3. ARRANGEMENTS FOR ATTENDING SCHOOL IN THE UNITED STATES

By whom was the school the student attends selected?

How was the school selected?

Is the student living in a school dormitory? .....  Yes  No

If yes, Location:

Why was this school selected for this student?

Explain what involvement the student had in his/her placement in a U.S. high school:

Did the student have U.S. contact prior to placement in a U.S. high school? .....  Yes  No

If yes, list persons and describe contact(s):

Does the student receive financial aid to pay for school attendance cost in the U.S.? .....  Yes  No

If yes, list the source, amount and conditions for receiving all such aid:

What means of support, other than financial aid, does the student have?

What independent agency determined the student's eligibility for financial aid?

Does the student pay tuition as required by Section 625 of U.S. Public Law 104-208? .....  Yes  No

Who was the student's first contact with at the U.S. high School?

When was it?

When did the student first communicate with any coach at the U.S. high school?

Who were the most influential people in the student's placement at the U.S. high school?

# F1 VISA-FOREIGN STUDENT WAIVER

## 4. STUDENT STATUS

**International Student** — An international student is a student whose home is in another country but who attends a school in the U.S. outside the auspices of an established exchange program.

### Secondary School in Home Country

Has student graduated from the home country's equivalent of High School:  Yes  No

Number of semesters of secondary school attendance or its equivalent \_\_\_\_\_

Last date student attended secondary/high school in home country: \_\_\_\_/\_\_\_\_/\_\_\_\_.

### Visa Classification

F-1  Other: \_\_\_\_\_

### Visa Validity Dates

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**List steps taken by student to come to the U.S. List dates, persons contacted and purposes of all con-**

\_\_\_\_\_

### Name of person(s) with whom student resides in U.S.

\_\_\_\_\_

### Resident(s) Email

\_\_\_\_\_

### Resident(s) Address

\_\_\_\_\_

### Resident(s) Phone

\_\_\_\_\_

### Resident(s) Fax

\_\_\_\_\_

### Relationship of Student to Person(s) he/she Resides With.

\_\_\_\_\_

**List any relationships between resident(s) and the school and/or its athletic programs.**

\_\_\_\_\_

### Student's Parents

\_\_\_\_\_

### Did Parents Move to

Yes  No

### Student's Legal Guardian / Adoptive Parents (if any)

Name(s) \_\_\_\_\_

Was the legal guardian /adoptive parent appointed by a court in the U.S? .....  Yes  No

Did the guardian/adoptive parent move to the U.S. with the student? .....  Yes  No

# F1 VISA-FOREIGN STUDENT WAIVER

## 5. HIGH SCHOOL / COLLEGE ATHLETICS INTEREST / CONTACT — to be completed by all stu-

| Has the student ever:   | Yes                      | No                       | If yes, list persons and institutions they represent. |
|---|--------------------------|--------------------------|---|
| Communicated with any coach or other person about athletics participation in the U.S.?                                      | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Discussed prospective athletic participation in the U.S. with any coach or other person in home country other than parents? | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Communicated with any agent, or other sports representative or consultant about athletics participation in the U.S.?        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Discussed sports participation in the U.S. with any corporate representative?   | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Attended any sports camp in U.S.?   | <input type="checkbox"/> | <input type="checkbox"/> | If yes, list:   |

## 6. ATHLETIC PARTICIPATION DATA — to be completed by all students

### A. LIST ALL ORGANIZED COMPETITION

| Year | Name of Team | Head Coach | Location | Division | Sport |
|------|--------------|------------|----------|----------|-------|
|      |              |            |          |          |       |
|      |              |            |          |          |       |
|      |              |            |          |          |       |
|      |              |            |          |          |       |

### B. AWARDS & BENEFITS

| Has the student ever:  | Yes                      | No                       | If yes, Explain. |
|--|--------------------------|--------------------------|------------------|
| Been provided lodging by a sports team or program?   | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Received money for participation in competition?   | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Received merchandise or other items of benefit for participation in competition?                             | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Signed or orally entered any type of agreement with a team or agent or other representative for any reason?  | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Received payment of education expenses for Secondary/high school from a sports team or related organization? | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Agreed to provide any individuals with money in the future for assistance in the past?                       | <input type="checkbox"/> | <input type="checkbox"/> |                  |

# F1 VISA-FOREIGN STUDENT WAIVER

## 7. ELIGIBILITY VERIFICATION

### A. TRANSPORTATION TO THE UNITED STATES

Date First Entered

Location Where First Entered U.S.

Describe arrangements for the trip, including who made the arrangements.

Who paid for flight?

## 8. CHECKLIST — REQUESTED ATTACHMENTS

This form is considered incomplete unless the following items are attached. Please send your completed forms and attachments to the Alaska School Activities Association at the address below.

- a. A copy of student’s birth certificate or passport;
- b. A copy of student’s certificate of health insurance issued by a U.S. company;
- c. A copy of student’s immigration documents including his /her visa;
- d. A copy of all application forms from the student to the sponsoring agency.

## 9. STUDENT’S AFFIRMATION (SIGN AFTER COMPLETING THE ENTIRE FORM)

By signing below, I (print) \_\_\_\_\_ affirm that I have completed and reviewed the responses to this questionnaire and agree that the information is correct. I understand that if I knowingly have given false or misleading answers to these questions, I will jeopardize my eligibility for participation in interscholastic athletics.

Student Signature

Date

## FOR OFFICE USE ONLY

Executive Director’s Decision

- Waiver request APPROVED
- Waiver request DISAPPROVED

Executive Director’s Signature

**ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.**  
 4048 Laurel Street, Suite 203 • Anchorage, AK 99508 • (907) 563-3723 • Fax 561-0720 • www.asaa.org



# J1 VISA-FOREIGN EXCHANGE STUDENT WAIVER

Print or type in English, and send the completed form to the principal of the Alaska school you are attending.  
Completion of this form does not guarantee eligibility for high school sports in the U.S.

**Member School**

**Phone**

**Fax**

**Principal's name (please print)**

**Principal's signature (required)**

**Date**

## 1. STUDENT INFORMATION

**Student's Full Name (as it appears on passport / birth certificate)**

**Gender**

Male  Female

**Date of birth (mm/dd/yy)**

**Age**

**Grade level (9-12) in Alaska**

**Permanent Address (in home country not USA address)**

**Secondary School in Home Country**

Has student graduated from home country's equivalent of high school?:  Yes  No

**Name of Exchange Program**

**Does any member of the host family serve on the school's coaching staff?**

No  Yes — If yes, explain:

## 2. CHECKLIST — REQUESTED ATTACHMENTS

Provide a copy of student's passport/visa indicating J-1 Status.

## 3. STUDENT'S AFFIRMATION (SIGN AFTER COMPLETING THE ENTIRE FORM)

By signing below, I (print) \_\_\_\_\_ affirm that I have completed and reviewed the responses to this questionnaire and agree that the information is correct. I understand that if I knowingly have given false or misleading answers to these questions, I will jeopardize my eligibility for participation in interscholastic athletics.

**Student Signature**

**Date**

## FOR OFFICE USE ONLY

**Executive Director's Decision**

Waiver request APPROVED  
 Waiver request DISAPPROVED

**Executive Director's Signature**

**ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.**

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# MINIMUM PRACTICE WAIVER

All students must have ten (10) separate days of physical practice in the same sport activity prior to the first day of competition. When a student is participating in a recognized high school sport activity or is participating in a “nationally recognized activity” in the same sport, which overlaps the beginning of another recognized sport season, the Executive Director may waive up to five (5) practices. For the purposes of this section, a “nationally recognized activity” is a non-school athletic competition and/or practice, in the same sport, conducted under the auspices of a national sports governing body as part of an Olympic Development Program. This activity will usually be conducted outside of the state of Alaska.

**Requesting School**

**City / Town**

**Date of Request**

**School Address**

**School Phone**

**School Fax**

**School Administrator (print or type)**

**School Administrator Signature**

**Signature Date**

| Student Names (print clearly or type) | Name of Sport Ending | to | Name of Sport Beginning |
|---------------------------------------|----------------------|----|-------------------------|
| 1. _____                              | _____                | to | _____                   |
| 2. _____                              | _____                | to | _____                   |
| 3. _____                              | _____                | to | _____                   |
| 4. _____                              | _____                | to | _____                   |
| 5. _____                              | _____                | to | _____                   |
| 6. _____                              | _____                | to | _____                   |
| 7. _____                              | _____                | to | _____                   |
| 8. _____                              | _____                | to | _____                   |
| 9. _____                              | _____                | to | _____                   |
| 10. _____                             | _____                | to | _____                   |
| 11. _____                             | _____                | to | _____                   |
| 12. _____                             | _____                | to | _____                   |

**FOR OFFICE USE ONLY**

**Executive Director's Decision**

 Waiver APPROVED     Waiver DISAPPROVED

**Executive Director's Signature**

**Comments**

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**  
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# STUDENT ELIGIBILITY WAIVER

## NOT TO BE USED FOR TRANSFERS

### Who May Request A Waiver

A student (or his/her school) who has been determined to be ineligible to participate in interscholastic competition under one or more of the eligibility rules of Bylaw Article 12 may request a waiver of that rule(s) from the ASAA Executive Director. A waiver may only be granted for reasons of hardship or emergency, as described in Article 13, Section 5; or because such waiver is required by federal or state law.

### Filing a Request

A request for a waiver of the eligibility rules must be directed by the student to the involved member school's officially designated administrator who shall then file a written request stating the full particulars of the case and the student's and/or administrator's reason(s) for granting the waiver. This request for waiver must be submitted to the Executive Director. Waiver requests should be filed promptly when it becomes apparent to the student, or to his/her member school's officially designated administrator, that a waiver will be required. Prompt filing of a waiver request is necessary for timely processing of any appeals before commencement of the interscholastic activity for which the waiver is being sought. Those seeking a waiver are responsible for providing timely additional documentation and evidence needed to support the waiver request. Failure to provide such information in a timely manner will eliminate that evidence from consideration in the final decision. The principal of the student's school of eligibility must sign the waiver request form.

**Please complete ALL information.**

### School

### Student

### Gender

 Male  Female

### Is confidentiality requested?

 Yes  No

### Date first enrolled in high school

### Credits earned previous semester

### GPA earned prev. semester

### Date of birth

### Grade (9-12)

### Sport/activity for which eligibility is sought

### Previous seasons/years of participation in activity

### Type of waiver request

 Maximum participation  Age rule  Academic rules  Sub-varsity only  Specify Other:

### Justification for waiver request. Please be specific. Include back up letters.

## ALASKA SCHOOL ACTIVITIES ASSOCIATION

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# STUDENT ELIGIBILITY WAIVER

## NOT TO BE USED FOR TRANSFERS

**Continuation**

**School**

**Student**

**Supporting documentation and positions**

Student transcripts are attached

Letter(s) of explanation and support from school personnel, parents, health/social professionals attached

Does the school support this waiver request?     Yes     No

**School principal MUST complete this section**

Principal's Name (please print) \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Executive Director's Decision**

Waiver request APPROVED

Waiver request DISAPPROVED

**Executive Director's Signature**

**Comments**

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**  
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# SUNDAY CONTEST/EVENT WAIVER

According to ASAA Bylaw Article 6, Section 7, interscholastic events or contests may not be held on Sunday. However, if inclement weather, transportation difficulties or equipment failures force the cancellation of one contest of a scheduled series, and the series cannot be rescheduled at a later date, the host school may request that a Sunday contest be sanctioned. Sunday contests and events require a waiver, which must be approved by the Executive Director. Schools should use this form to request a waiver.

**Requesting (host) school**

**Visiting school**

**Sport or Activity**

**Date of contest**

**Reason waiver is being requested (transportation difficulties or equipment failures are valid reasons)**

**School administrator's acknowledgement**

School Administrator (please print) \_\_\_\_\_  
School Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
School Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Executive Director's decision**

APPROVED     DISAPPROVED

**Executive Director's signature**

**Comments**

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**  
Scan and email this form to office@asaa.org or fax to 907-561-0720

# TRANSFER RULE WAIVER

## (NOT TO BE USED FOR BOARDING SCHOOL TRANSFERS)

**Eligibility:** A student who transfers to another school under conditions that do not meet terms of the ASAA transfer rules, may be fully eligible to participate in interscholastic competition, provided the Executive Director approves the athletic eligibility, and further provided there is no athletic purpose involved in the transfer. This can only be done for "hardship" reasons (See Article 13).

The student shall be ineligible for all interscholastic competition for one calendar year for varsity level participation from the date of first attendance in the new school, in the event that the Executive Director declines to approve the eligibility. Students who live with coaches are ineligible (see Article 12 Section 5, C). At schools with no sub-varsity teams, the student could ask for a waiver to participate on the varsity team during the regular season, but would not be able to participate at either the conference or state tournaments.

The above rule applies to all transfers to member schools. This form is to be used ONLY to apply for eligibility as restricted by the Transfer Rule. An administrator from both the receiving and sending schools, as well as the parent(s) or legal guardian(s) and the student must certify that the transfer was not for athletic reasons. The student will become eligible when final approval is granted by ASAA. A student may represent only one member school during a respective sport season. See Article 12, Section 9, C 17.

Filing the Waiver Request: It shall be the responsibility of the principal of the receiving school to:

- 1) Initiate and complete sections A and B;
- 2) Secure necessary responses and signatures required in Sections A.
- 3) Submit the completed form to ASAA. ASAA will send to the sending school for their review.

### SECTION A: TO BE COMPLETED BY PRINCIPAL OF THE RECEIVING SCHOOL

---

|                 |                          |               |
|-----------------|--------------------------|---------------|
| Name of Student | Name of Receiving School | Date Enrolled |
|-----------------|--------------------------|---------------|

---

|                        |                    |
|------------------------|--------------------|
| Name of Sending School | Date of Withdrawal |
|------------------------|--------------------|

---

|        |               |     |                                 |
|--------|---------------|-----|---------------------------------|
| Gender | Date of Birth | Age | Grade Level at time of transfer |
|--------|---------------|-----|---------------------------------|

Confidentiality Requested?  Yes  No

Date First Enrolled in 9th Grade \_\_\_\_\_

List all sports and activities in which the student is seeking to participate.

---

If the sport is a team sport, list the number of students on the team, not including this student.

---

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**  
 Scan and email this form to office@asaa.org or fax to 907-561-0720

# TRANSFER RULE WAIVER

## (NOT TO BE USED FOR BOARDING SCHOOL TRANSFERS)

**(ANSWER BOTH QUESTIONS)** If the student joins a team, will he/she be an impact player?  
Will another student be displaced if this student joins the team?

---

---

Has a coach or any other member of the school's staff encouraged the student to transfer to your school? If yes, please explain.

---

---

---

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**REASON FOR THE TRANSFER** - A waiver of the Transfer Rule may only be granted if a significant hardship caused the transfer. Hardship and other considerations are spelled out in ASAA Bylaw Article 13, Waiver of Eligibility Rules.

Please complete the information requested on this page and provide written documentation to support the request.

State the reasons for the transfer, including any conditions which you consider to be hardships.

---

---

---

---

List the written documentation supporting this request (letters, statements, court orders, etc.).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

# TRANSFER RULE WAIVER

## (NOT TO BE USED FOR BOARDING SCHOOL TRANSFERS)

### CERTIFICATION OF PRINCIPAL OF THE RECEIVING SCHOOL

The information is correct, to the best of my knowledge. Please check the correct answer to the following statements.

I do  or do not  believe that undue influence was used by a coach or any member of the school staff to encourage this transfer.

I do  or do not  believe that the transfer was athletically motivated.

I do  or do not  believe that this request meets ASAA's hardship criteria.

After considering all the information presented in this request, I do  or do not  support the granting of this waiver. Please state reason(s):

---

---

Signature:

Date:

Phone:

Fax:

Email:

Please send this form and a copy of all written documentation to ASAA. ASAA will submit all documents to the sending school for review.

### TO BE COMPLETED BY THE STUDENT AND HIS/HER PARENT OR GUARDIAN.

**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 athletic reasons, and that no person has used undue influence in an attempt to secure this student's enrollment for purposes of interscholastic competition. 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.

**Parent or Guardian Name (please print)**

**Parent or Guardian Signature**

**Date**

**Student Name (please print)**

**Student Signature**

**Date**

### FOR OFFICE USE ONLY

**Date Received**

**Date forwarded to Sending School**

**Number of Documents Sent To Sending School** \_\_\_\_\_



# TRANSFER RULE WAIVER

## (NOT TO BE USED FOR BOARDING SCHOOL TRANSFERS)

### SECTION B: TO BE COMPLETED BY PRINCIPAL OF THE SENDING SCHOOL

---

Name of Student \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

---

Please indicate the name of school \_\_\_\_\_

List all sports for which the student was a member of that athletic team (at any level) during the school year of the transfer.  
(This includes any level of team: freshman, junior varsity, varsity, etc.)

---

---

Did the student complete the season?     Yes     No

If the student did not compete in any of the above sports, initial here: \_\_\_\_\_  
Additional comments may be made on page 5.

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

2. Did the student practice with or play on any athletic team(s) during the school year of the transfer?     Yes     No  
If yes, state which teams and whether student completed the season

---

---

3. Prior to transferring, did the student discuss the possibility with any of the school's staff members?     Yes     No  
If yes, state reason on page under Additional Comments.

If yes, did the staff member explain the Transfer Rule and the possible implications of transferring?     Yes     No

4. Have you received the completed Transfer Form and all written documents in support of this waiver request from the Receiving School and ASAA?     Yes     No

5. Have you discussed this request with the principal at the Receiving School?     Yes     No

# TRANSFER RULE WAIVER

(NOT TO BE USED FOR BOARDING SCHOOL TRANSFERS)

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF PRINCIPAL OF THE SENDING SCHOOL**  
The information is correct, to the best of my knowledge. Please check the correct answer to the following statements.

I do  or do not  have reason to believe that undue influence was used by a coach or any member of the receiving school’s staff to encourage this transfer.

I do  or do not  believe that this request meets ASAA’s hardship criteria.

I do  or do not  believe that the transfer was athletically motivated.

The above information is correct, to the best of my knowledge. After considering all the information presented in this request,

I do  or do not  support the granting of this waiver. Please state reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature:

Date:

Phone:

Fax:

Email:

Scan and email this form to [office@asaa.org](mailto:office@asaa.org) or fax to 907-561-0720

**FOR OFFICE USE ONLY**

**Executive Director’s Decision**

**Executive Director’s Signature**

**Date**

APPROVED       DISAPPROVED

\_\_\_\_\_

# BONA FIDE CHANGE OF RESIDENCE

**Article 12, Section 9, C 2, Transfer As a Result of a Move of Parents states:**

A student who transfers from one school's attendance area to another's with a bona fide change of residence of the parents, legal guardians (or other persons with whom the student has resided for a period of time to be determined by the Association) shall be eligible for interscholastic competition at the new school as soon as properly certified.

**Definition of a Bona Fide Change in Residence** — For the purposes of this section, a bona fide change of residence means, "the moving of the permanent residence of the entire family of the student and his/her parents or guardians (or other person with whom the student has resided for a period of time approved by the Association) from one school's attendance area into another school's attendance area prior to a change in enrollment of the student." Schools must verify that a bona fide change of residence has occurred and must report this to the Association on the Bona Fide Change of Residence form, before the student is allowed to participate.

**To be completed by principal of the receiving school**

|                         |                       |                             |
|-------------------------|-----------------------|-----------------------------|
| <b>Receiving School</b> | <b>Sending School</b> | <b>Transferring Student</b> |
|                         |                       |                             |

|  |  |                    |  |
|--|--|--------------------|--|
| <b>Gender</b><br><input type="checkbox"/> M <input type="checkbox"/> F | <b>Date of birth</b><br>____/____/____ | <b>Age</b><br>____ | <b>Date enrolled in current school</b><br>____/____/____ |
|--|--|--------------------|--|

|  |  |
|--|--|
| <b>Credits earned to date in grades 9-12</b><br>_____<br>_____ | <b>Sports/activities student wants to compete in</b><br>_____<br>_____ |
|--|--|

|  |  |
|--|--|
| <b>Enrollment dates in previous school</b><br>____/____/____ to ____/____/____ | <b>Has student and his/her family moved its residence from another schools attendance area into your schools attendance area?</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes — Explain: _____ |
|--|--|

|   |  |
|---|--|
| <b>Previous Permanent Home Address:</b><br>_____<br>_____ | <b>New Permanent Home Address:</b><br>_____<br>_____ |
|---|--|

(ASAA General Policy #4) Check the documents used to prove change of residence and submit copies to ASAA.  
 For Transfer purposes, at least two of the following three are required as proof of residence change:  
 Alaska Driver's License \_\_\_\_\_ Voter Registration Card \_\_\_\_\_ Permanent Fund Application \_\_\_\_\_

**Certification of principal of receiving school**

The above information is correct, to the best of my knowledge.

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent / Guardian Verification**

I have read and understand the Definition of Bona Fide Change of Residence as stated above. I further verify that my child's transfer has been as a result of a bona fide change of residence into the receiving schools's attendance area. I further understand that providing false information may cause my child to be declared ineligible for interschoalstic competiton for a period of ninety (90) school days, including state approved in-services, and the school also may be penalized.

|  |  |                               |
|--|--|-------------------------------|
| <b>Parent/Guardian Name (please print)</b><br>_____<br>_____ | <b>Parent/Guardian Signature</b><br>_____<br>_____ | <b>Date</b><br>____/____/____ |
|--|--|-------------------------------|

**FOR OFFICE USE ONLY**

|  |   |                               |
|--|---|-------------------------------|
| <b>Executive Director's Decision</b><br><input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | <b>Executive Director's Signature</b><br>_____<br>_____ | <b>Date</b><br>____/____/____ |
|--|---|-------------------------------|

Scan and email this form to office@asaa.org or fax to 907-561-0720

# APPLICATION FOR CHANGING SCHOOL OF ELIGIBILITY

Changing School of Eligibility: ASAA Bylaw Article 12, Section 2, B 3 states that:

A student attending a non-member charter school, alternative school or program (including district correspondence) whom wishes to change his/her School of Eligibility will be ineligible for interscholastic competition at the new School of Eligibility for one calendar year, from the date of receipt by ASAA of the Application for Changing School of Eligibility form. At schools with no sub-varsity teams, the student could ask for a waiver to participate on the varsity team during the regular season, but would not be able to participate at either conference or state tournaments.

A student enrolled in an "alternative education program" as described above, may request a change of School of Eligibility by asking both the sending and receiving schools to complete this form and send it to ASAA, acknowledging their agreement with this request. The calendar year period of ineligibility will begin when this form has been completed by both schools and has been sent to the ASAA office.

Student Name \_\_\_\_\_

Current School of Eligibility \_\_\_\_\_

Requested School of Eligibility \_\_\_\_\_

Principal Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Scan and email this form to [office@asaa.org](mailto:office@asaa.org) or fax to 907-561-0720

## FOR OFFICE USE ONLY

### Executive Director's Decision

APPROVED     DISAPPROVED

Date student becomes fully eligible at new school \_\_\_\_\_

Executive Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

# BOARDING SCHOOL TRANSFER WAIVER

(to be used when a student transfers during the school year)

**Article 12, Section 9, C 16, Boarding School Transfer Rule states:** The Transfer Rule shall be waived for students who transfer to a boarding school at the beginning of a school year, or from a boarding school at the end of a school year. Students who transfer to or from a boarding school during the school year shall be ineligible for Varsity, State Qualifying and State Championship interscholastic participation the remainder of the school year. Students who live with coaches are ineligible (see Section 5, C). At schools with no sub-varsity teams, the student may ask for a waiver to participate on the varsity team during the regular season, but would not be able to participate at either conference or state tournaments. **Article 13, Waivers of Eligibility Rules states:** "...A waiver may only be granted for reasons of hardship or emergency, as described in section 5 below; or because such waiver is required by Federal or State law..."

## A. TO BE COMPLETED BY THE PRINCIPAL OF THE RECEIVING SCHOOL

Name of Student \_\_\_\_\_ Name of Receiving School \_\_\_\_\_ Date Enrolled \_\_\_\_\_

Name of Boarding School \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Level at time of transfer \_\_\_\_\_

Confidentiality Requested?  Yes  No

Date First Enrolled in 9th Grade \_\_\_\_\_

List all sports and activities in which the student is seeking to participate.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the sport is a team sport, list the number of students on the team, not including this student.

\_\_\_\_\_

**(Answer both questions)** If the student joins a team, will he/she be an impact player?  
Will another student be displaced if this student joins the team?

\_\_\_\_\_  
\_\_\_\_\_

Has a coach or any other member of the school's staff encouraged the student to transfer to your school? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

# BOARDING SCHOOL TRANSFER WAIVER

(to be used when a student transfers during the school year)

**Reason for the transfer** - A waiver of the Boarding School Transfer Rule may only be granted if a significant hardship caused the transfer. Hardship and other considerations are spelled out in ASAA Bylaw Article 13, Waiver of Eligibility Rules.

Please complete the information requested on this page and provide written documentation to support the request.

State the reasons for the transfer, including any conditions which you consider to be hardships.

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List the written documentation supporting this request (letters, statements, etc.).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Certification of principal of the Receiving School

The above information is correct, to the best of my knowledge.

Please circle the correct answer to the following statements.

I do\_\_\_ or do not\_\_\_ believe that undue influence was used by a coach or any member of the school staff to encourage this transfer.

I do\_\_\_ or do not\_\_\_ believe that this request meets ASAA's hardship criteria.

After considering all the information presented in this request, I do\_\_\_ or do not\_\_\_ support the granting of this waiver. Please state reason(s):

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please send this form and a copy of all written documentation to the principal of the Boarding School and to ASAA.

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**  
Scan and email this form to office@asaa.org or fax to 907-561-0720

# BOARDING SCHOOL TRANSFER WAIVER

(to be used when a student transfers during the school year)

## B. TO BE COMPLETED BY THE PRINCIPAL OF THE BOARDING SCHOOL

Name of Student

Date of Withdrawal

Please check name of boarding school:

- GILA    Kuskokwim Learning Academy    Nenana    Mt. Edgecumbe

Please circle your answers to all of the following questions.

Additional comments may be made on page 4.

1. Was the student eligible to participate in your school's interscholastic program at the time of transfer?   Yes or No
2. Did the student practice with or play on any athletic team(s) during the school year of the transfer?   Yes or No

If yes, state which teams and whether student completed the season

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3. Prior to transferring, did the student discuss the possibility with any of the school's staff members?   Yes or No

If yes, state reason on page under Additional Comments:

If yes, did the staff member explain the Boarding School Transfer Rule and the possible implications of transferring during the school year?   Yes or No

4. Have you received the completed Boarding School Transfer Form and all written documents in support of this waiver request from the Receiving School?   Yes or No
5. Have you discussed this request with the principal at the Receiving School?   Yes or No

Additional Comments (specify page and question number):

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**ALASKA SCHOOL ACTIVITIES ASSOCIATION**  
Scan and email this form to [office@asaa.org](mailto:office@asaa.org) or fax to 907-561-0720

# BOARDING SCHOOL TRANSFER WAIVER

(to be used when a student transfers during the school year)

## Certification by the principal of the Boarding School

Please circle the correct answer to the following statements.

I do \_\_\_ or do not \_\_\_ have reason to believe that undue influence was used by a coach or any member of the receiving school's staff to encourage this transfer.

I do \_\_\_ or do not \_\_\_ believe that this request meets ASAA's hardship criteria.

The above information is correct, to the best of my knowledge. After considering all the information presented in this request,

I do \_\_\_ or do not \_\_\_ support the granting of this waiver. Please state reason(s):

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Signature:

Date:

Phone:

Fax:

Email:

Please send this form and a copy of all written documentation to the principal of the Receiving School and to ASAA.

### FOR OFFICE USE ONLY

**Executive Director's Decision**

**Executive Director's Signature**

**Date**

APPROVED     DISAPPROVED

**ALASKA SCHOOL ACTIVITIES ASSOCIATION**  
Scan and email this form to [office@asaa.org](mailto:office@asaa.org) or fax to 907-561-0720



# EIGHTH GRADE STUDENT ELIGIBILITY

The following ASAA member high school had 30 or less students enrolled in grades 9-12, or 15 or less boys or 15 or less girls, as reported to the state Department of Education and Early Development during October of the previous school year (see Exceptions below). Alternative education program students who participate in a member school's interscholastic activities program under AS 14.30.365 will be added to the school's October count to determine a school's eligibility to use 8th grade students.

**Exceptions:**

If the current school year's October count is lower than the previous year's, it may substitute as the official count for purposes of this section. If a school's enrollment in grades 9-12 for the previous or current school year is higher than 20 students due to enrolled, ineligible 5th year seniors, as verified by the superintendent, and if the school would otherwise have qualified to have 8th grade students participate under Article 12, Section 2 E, Use of Junior High or Middle School Students, the superintendent may request that the ineligible 5th year students not be included in the total enrollment number for the purpose of this section.

**Verification:**

I request that enrolled 8th grade students be allowed to participate under the provisions of Article 12, Section 2, and I understand that those 8th graders will not count in the high school's enrollment for classification purposes.

Please complete this form and attach a list of eligible 8th grade students who wish to participate. All students should be entered into the School Activities Reporting System.

School District \_\_\_\_\_ Name of School \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Previous or Current Year's 9-12 Enrollment Numbers as Reported to DEED: Males \_\_\_\_\_ Females \_\_\_\_\_

Number of Ineligible 5th Year Seniors (if applicable) Included in Enrollment Report to DEED for Which Forgiveness is Requested \_\_\_\_\_

School Contact Person \_\_\_\_\_  
(Printed Name) (Signature)

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**Scan and email to [office@asaa.org](mailto:office@asaa.org) prior to 8th grade participation**

## FOR OFFICE USE ONLY

**Directors' Signature**

\_\_\_\_\_

**Directors' Decision**

APPROVED  DISAPPROVED

