

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

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## 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?

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## 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

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## 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"/>	

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## 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.**

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