



WAIVER OF TRANSFER RULE

IDAHO HIGH SCHOOL ACTIVITIES ASSOCIATION
8011 Ustick Rd Boise ID 83704 Fax: 208-322-5505

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 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 private, private to public, public to private school transfers and transfers from schools outside the United States to any school in Idaho. (The above rule applies to all public to public, private-to-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 that 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 principal 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: IHSAA, 8011 Ustick Rd, Boise, ID 83704

SECTION A: (To be completed by principal of school to which student has transferred.)

1. Name of student Shya Phillips Male/Female F Date enrolled 8-11-15
2. Current address (street) 580 Stringer rd. City: Nyssa
Is this address within the boundaries of your school district? Yes No
3. Has the student changed residences? Yes No If yes, briefly explain lived with her grandmother during 9th grade
4. Student's date of birth 11-18-99 Student's age 15
5. Total semesters completed to date in grades 9-12 2
6. Enrolled in former school from (dates) 4-27-15 to 8-11-15
7. Activity(ies) in which the transfer student wishes to compete Volleyball, Basketball, Track
8. Has this student had contact with any of your coaches prior to enrollment in your school? Yes No
9. Certification of principal of the new school (Please strike inappropriate language)

The above information is correct to the best of my knowledge. I (do) (do not) believe that undue influence was used by any person to encourage the student transfer. I (do) (do not) approve eligibility.

Date: 8-18-15 Signed: Amber Phillips, Principal
School: Nyssa H.S. Street Address: 824 Adrian Blvd.
City: Nyssa Zip Code: 897913 Phone: 541-372-2287

SECTION B: (To be completed by the student and his/her parent or guardian.)

1. **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 participation reasons, and that no person has used undue influence in an attempt 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.

Rachelle Phillips 8-18-15 Shya Phillips
Signature of Parent/Guardian Date Signature of Student

8-18-15
Date

*Waiver of Transfer App. - pg. 2***SECTION C:** (To be completed by principal of school student last attended.)

Observe Carefully: The waiver requested under this rule, as stated on the reverse side of this form, must be approved by the principal of the former school before being acted upon by the IHSAA.

1. Was the student eligible to participate in your school at the time of transfer? Yes No _____

If 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, J.V., Varsity) during the 12 calendar months preceding the date of transfer.

Baseball	_____	Basketball	_____	Cross Country	_____	Football	_____	Golf	_____	Soccer	_____
Softball	_____	Tennis	_____	Track & Field	_____	Volleyball	_____	Wrestling	_____	Dance	_____
Cheer	_____	Speech	_____	Debate	_____	Drama	_____				

If none, initial here: W.L. (Please note: Activities applicable above are to be initialed.)

3. Certification of Principal of Former School: (Please strike inappropriate language.)

The above information is correct to the best of my knowledge. I (do) (do not) approve eligibility in the new school.

NOTE: State reasons if not approved: _____

Date: 8-17-15 Signed: Michael Welsh Principal
 School: Wash Valley HS Street Address: 12655 S. Old Hwy #1
 City: Aransas Zip Code: 78324 Phone: 208-254-3371

DO NOT WRITE IN THIS SPACE

(MUST HAVE STAMP TO BE OFFICIAL)

Approved by _____ Date _____

Eligible _____

Restrictions (if applicable)

Ineligible _____

No Action _____
