



Oregon School Activities Association
25200 SW Parkway Avenue, Suite 1
Wilsonville, OR 97070

503.682.6722

www.osaa.org

Student Eligibility Request Form

Form ID Number
20150967

Type of Waiver

Transfer without Change of Joint Residence Hardship Appeal
OSAA Rule 8.6 - Send directly to District Athletic Committee

Submitted 4/19/2016
2015-16 School Year

Grants Pass High School Information

830 NE 9th St
Grants Pass, OR 97526
(541) 474-5710

Ryan Thompson, Principal
rthompson@grantspass.k12.or.us

Clay Rounsaville, Athletic Director
crounsav@grantspass.k12.or.us
(541) 474-5720

Student Information

Daniela Jordan
Mexico

DOB: 1/7/2000

Age: 16 years 3 months (as of 4/19/16)

Current Address

Esperanza Holguin Gonzalez
Parent (Mother/Father)
2395 Redwood Avenue Space 57
Grants Pass, OR 97527

Last Year's Address

Same as current address

perita_glezm@hotmail.com
(541) 226-9486

Attends: Grants Pass High School
Previous: Los Altos High School

Grade: 10

Has IEP? No

Meeting IEP? N/A

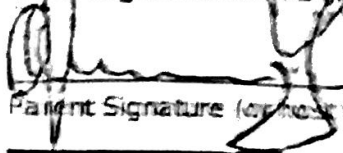
Enrollment Record

SY	GR Period	Dates	School	# Credits Earned	# Classes Passed
2015-16	9 1st Semester	9/8/15 to 1/28/16	Grants Pass High School	3	6

Affirmation Statement

Under penalty of perjury, I do affirm that no coach, parent, administrator, teacher, or other representative of the current school initiated contact or offered any inducements for the purpose of having the student attend the current school for athletic participation. Further, I authorize release of permanent school records to the Oregon School Activities Association.

Both signatures are required.


Parent Signature (or host family)


Principal Superintendent


Directions


Ensure the Affirmation Statement section has both signatures. Send this printed Student Eligibility Request Form and any attached files to your District Athletic Committee. Do not send this to the OSAA office. Keep a copy for your school's records. Allow five business days for your request to be processed. Once a decision is made, the District Athletic Committee will notify your school.

Send a printed version of this form directly to your District Athletic Committee with any other printed attachments.

District Athletic Committee Decision

This section is to be filled out by the District Athletic Committee. Once a decision has been made, the committee shall contact the school regarding the outcome and forward a copy of this completed form and any supplemental materials to the OSAA office.


Chairperson's Name (print)


Date


Chairperson's Signature

☒ Approved
☐ Denied


Chairperson's School & Position

Notes: