

New Jersey State Interscholastic Athletic Association

ELIGIBILITY WAIVER REQUEST FORM

Please attach the Principal's letter, stating the reasons for the request of a waiver, along with the student's transcript and this form and forward to the NJSIAA. The NJSIAA requires that this form be completed by the school/parties requesting said waiver. Back-up documentation in the form of school records, doctor's notes, etc. must accompany this form.

SCHOOL _____ ATHLETIC DIRECTOR _____ PHONE _____

STUDENT'S NAME _____ AGE _____ D.O.B. _____

PARENT'S/GUARDIAN NAME _____ HOME PHONE _____

STUDENT'S HOME ADDRESS _____ ZIP CODE _____

TYPE OF WAIVER REQUESTED: AGE _____ CREDITS _____ SEMESTERS _____

Date of initial entrance into 9th Grade _____ at _____ School

Academic History: (Please attach complete transcript from initial 9th grade to present)

Table with 3 columns: Credits Earned, Year Earned, School. Rows for 9th, 10th, 11th, and 12th Grade.

Classification

Type of classification: _____

Date of reevaluation: _____

Date of original classification: _____

Indicate Special Education program, placement or modifications for current school year:

Student's Athletic Participation since first entrance into the ninth grade:

Table with 3 columns: School/Year, Sport(s), Level. Multiple rows for data entry.

Request Eligibility for the following sport(s):

Principal's Signature _____

Date _____

Phone _____

NOTE: The parents/guardians also agree to the submission to the NJSIAA of any pertinent records, including transcripts and classification information, maintained by the schools.

Required Enclosures:

- Principal's Letter
Eligibility Waiver Request Form
Transcript(s)
Information relevant to case (if applicable)
Transfer Form (if applicable)