

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION

ELIGIBILITY WAIVER REQUEST FORM

This form MUST be completed in its entirety along with the required enclosures listed below before the form will be processed.

SCHOOL _____ ATHLETIC DIRECTOR _____

E-MAIL _____ PHONE _____

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

PARENT'S/GUARDIAN NAME _____ HOME PHONE _____

STUDENT'S HOME ADDRESS _____ CITY _____ ZIP _____

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)

	<u>Credits Earned</u>	<u>Year Earned</u>	<u>School</u>
9 th Grade	_____	_____	_____
10 th Grade	_____	_____	_____
11 th Grade	_____	_____	_____
12 th 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:

<u>School Year</u>	<u>Sport(s)</u>	<u>Level</u>	<u>High School Played At:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Request Eligibility for the following sport(s) (must list all):

Principal's Signature _____ E-Mail _____ Phone _____ Date _____

Required Enclosures:

- ____ Principal's Letter
- ____ Transcript(s) (Most current)
- ____ Proof of DOB (If age waiver)
- ____ Eligibility Waiver Request Form
- ____ Transfer Form (if applicable)
- ____ Classified Student IEP
- ____ Information relevant to case (if applicable) indicating circumstances beyond student's control
- ____ Athletic Impact Statement