



# Application for Waiver of the Transfer Rule

Pursuant to FHSAA Bylaws 11.4.2 and 11.4.3, it is the responsibility of the Principal of the school receiving the student to initiate this application on behalf of any student seeking athletic eligibility who transfers into his/her school without a corresponding change in residence after having initially enrolled in another member school in the current school year. The application must be approved by the Principal of the school losing the student and approved in writing by the FHSAA Office for it to be valid. The student is not eligible for participation in any sport currently in season (season begins with first permissible day of practice).

## Instructions

1. This application must be initiated by the Principal of the school receiving the student, approved by the Principal of the school losing the student and filed with the Florida High School Athletic Association, 1801 NW 80th Boulevard, Gainesville, FL 32606 to be valid. Or it may be faxed to 352.244.0232.
2. Additional waiver form(s) must be submitted to the FHSAA Office with this form if compliance with FHSAA Bylaw 11.4.5 is necessary.
3. This form must bear all required signatures to be valid.

## 1. Student Information (to be completed by principal of school receiving student)

Student's name: \_\_\_\_\_ Date entered this school: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First M.I. Month Day Year

Name of new school to be attended: \_\_\_\_\_ Grade level in which student will be enrolled: \_\_\_\_\_

Provide the attendance history of this student for the current school year. Begin with the most recently attended school first and progress backwards:

School 1: \_\_\_\_\_ Enrolled: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Withdrew: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

School 2: \_\_\_\_\_ Enrolled: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Withdrew: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Student resides in the attendance zone of \_\_\_\_\_ High School

Has student had contact with any coach or other person not normally involved in the admissions process prior to enrollment in your school? (  Yes ) (  No )

Sport/sports in which the student wishes to participate: \_\_\_\_\_

## 2. Certification of Student/Parent/Guardian (to be completed by student/parent/guardian; both signatures required)

Reason for transfer: \_\_\_\_\_

Did any coach or other person representing the school to which you are transferring make first contact with you prior to your decision to transfer? (  Yes ) (  No )

The undersigned hereby certify that this transfer of schools was not for athletic reasons, in whole or in part; and that this transfer is not to escape any disciplinary action taken against the student at his/her previous school due to misconduct on his/her part. We further certify that no school administrator, athletic coach, employee or other person connected with a high school has engaged in recruiting of the student or has unduly influenced the student to transfer either by direct contact or indirectly through the student's parent(s), legal guardian(s), common school employees, directors and/or coaches of non-school athletic programs, or other persons who are in a position to influence the student's choice of school. We further certify that all information provided herein is correct and we understand that a loss of eligibility may result if the information proves to be incorrect through error or misstatement. **We also certify that the FHSAA Bylaws pertaining to transfers have been explained to us and that we understand that the student will not be eligible for participation in any sport currently in-season at the new school.**

Name of Parent/Guardian \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Student \_\_\_\_\_ Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

## 3. Action of School Losing Student (signature of principal required regardless of whether waiver is approved or disapproved)

Would this student be eligible for athletics if still enrolled in your school? (  Yes ) (  No ) If no, for what reason and for what period of time? \_\_\_\_\_

This Application for Waiver of the Transfer Rule is (  approved ) (  not approved ). If not approved, mark reason **AND** attach letter of explanation from principal.

\_\_\_\_ Evidence student has been recruited; \_\_\_\_ Evidence student is transferring for sports reasons; \_\_\_\_ Evidence student is transferring to escape disciplinary action.

Name of Principal \_\_\_\_\_ Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

## 4. Action of School Receiving Student (signature of principal required)

The undersigned, having thoroughly reviewed the reason(s) for this transfer and being fully satisfied that this transfer was not for athletic reasons, in whole or in part; that this student was not recruited or unduly influenced to effect this transfer; and that this student did not transfer to escape disciplinary action taken against this student at his/her previous school due to misconduct on his/her part, certify this Application for Waiver of the Transfer Rule and request that the appropriate transfer regulations of the FHSAA Bylaws be waived for the benefit of this student. I understand, and have explained to the student and his/her parent or guardian, that the student will not be eligible to participate in any sport currently in-season.

Name of Principal \_\_\_\_\_ Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

## 5. Optional Action of Public School District (signature of district superintendent OR district school board chairperson required)

In the event this transfer is from school to another school within the same public school district and either or both of the schools involved refuse to approve this Application for Waiver of the Transfer Rule, the student may secure approval with the signature of either the district superintendent, or the district school board chairperson who must sign during an open meeting of the district school board.

Name of District Superintendent \_\_\_\_\_ Signature of District Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Name of District School Board Chairperson \_\_\_\_\_ Signature of District School Board Chairperson \_\_\_\_\_ Date \_\_\_\_\_