Delaware Interscholastic Athletic Association Waiver Request Form

(To be completed by the Principal or the Headmaster of the Student's School or receiving School if a Transfer)

ALL INFORMATION SHOULD BE TYPED OR PRINTED

Student's Name: School:					
Address:					
Геlephone	:		Email:		
	(Best number to rea	ch you during business hours.)			
		interscholastic sports the stu tion (Middle School (6-8), fi			
<u>Grade</u>	School Year	School(s) Attended	Fall Sport	Winter Sport	Spring Spor
one or m A A A A A	pprove the waiver for the proventies of	ne following semester or a quarte ne following single sport. (Identificate following multiple sports. (Identify)	r. y which sport ntify which sports		<u>)</u>
options a R R R R	egulation 1008 or 1009 egulation 1008 or 1009	Section 2.1 Eligibility, Age Section 2.2 Eligibility, Residenc Section 2.3 Eligibility, Enrollme section 2.4 Eligibility, Transfers Section 2.5 Eligibility, Amateur	e nt and Attendance Status	ose one or more	of the follow
	_	Section 2.6 Eligibility, Passing V Section 2.7 Eligibility, Years of			
	0	Section of Regulation 1008, 1009		egulation)	

necessary.	r your request and include appropriate o	uocumentation. Ose auditional pages ii					
6. To aid the Board in m	aking an informed decision this waiver rec	quest shall include:					
•	transcripts from 6 th grade through to the current school year and also the semester grades which lable for the current school year;						
☐ Attendance Record	Attendance Records for the last two years;						
☐ A letter from the P	☐ A letter from the Principal or Headmaster either supporting or not supporting the waiver request;						
☐ Medical records (in	☐ Medical records (if applicable);						
☐ IEP's (if applicable	☐ IEP's (if applicable); and						
☐ Any documentation	☐ Any documentation/evidence to substantiate a hardship or extenuating circumstance exists.						
	entation is required if the waiver request A Reg. 1008 or 1009 2.4.3.	is related to a transfer due to financial					
hearing as a representati	will be coming to the DIAA Board of Di ive of the school or school district. If no o at no one will be attending.						
		will be attending					
the waiver request hearing	from the school and/or school district.						
No one will be atte	ending the waiver request hearing from the sc	chool or school district.					
Date	Principal, Assistant, or Headmaster (Signature)	Principal, Assistant, or Headmaster (Printed Name)					
Mail the waiver Request Fo	rm and all supporting documentation at least 2	21 days prior to the next Board meeting to:					
	Thomas E. Neubauer, Executive Director						

Delaware Interscholastic Athletic Association (DIAA) 35 Commerce Way, Suite 1, Dover, DE 19904

School administration is invited to call the DIAA office at 302-857-3365 for assistance in completing this form or for information about the supporting documentation that is required.

Please note that every effort will be made to schedule waivers received on time for the next Board meeting. However, depending on the amount of business before the Board the waiver may have to be scheduled for subsequent meetings.