APPLICATION FOR WAIVER OF

ATHLETIC PARENT RESIDENCE RULE / FOUR YEAR RULE INSTRUCTIONS

Athletic Parent Residence Rule:

When a student is living with a parent (married, but living apart), a guardian, or attending a school outside the attendance zone boundaries, where his/her parent(s) resides, the student must apply for a waiver.

Address why the student is not living with both parents or a legal guardian (legal guardianship and residence must be in effect for at least one calendar year)? Include any records or documentation of child abuse, neglect, mistreatment, or other unusual circumstances that affected the student and /or parent, etc.

Four-Year Rule:

When a student does not comply with the four-year rule because he/she has not met the requirements for graduation four years after his/her first entry into the ninth grade, and has not been able to participate in a specific activity for a season, that student may apply for a waiver. A chronology of previous enrollment and participation must be submitted with this application.

NOTE: There is no four-year waiver for an overage student unless he/she qualifies for an over-age waiver (Section 463 (a) 4 of the C & CR).

Address why the student needs a fifth year of school to graduate?

Required Documentation	Explanation of documentation	Parent Residence*	Four Year*
Application Form	Completed application page 2	✓	/
\$100 non-refundable filing fee	Acceptable payment forms: cashier's check, money order, or school check. Include student's name and purchaser's name on payment. Waived fees: Current active military (provide current orders) and indigent students (provide documentation with lunch status from PEIMS coordinator or Cafeteria Manager) Make payment payable to The University of Texas at Austin/UIL	√	√
Transcript	Unofficial or official transcript verifying the first entry in the ninth grade and all grades recorded up to date of application. If the student is in the ninth grade, provide a report card from the previous school or a progress report from current school.	√	/
Previous Athletic Participation Form (PAPF)	Note: If the student did not participate at the previous school, page 1 is required. DEC minutes required if #6 on Section III is marked 'yes'.	√	Page 1
District Executive Committee Chairperson's notification letter	Refer to the provided template	√	✓
Birth certificate	Copy of birth certificate		
Personal letter from student	Signed letter of the student explaining his/her situation why he/ she is requesting the waiver (written in English)	√	✓
Personal letter from parent/guardian	Signed letter explaining the complete background and all facts pertinent to the case (written in English)	√	/
Letter from present school	Signed letter outlining the facts of the case		/
Statement from previous school	Signed letter addressing the student's character. Letter is preferred from the coach if student participated in athletics.	✓	
Chronology of previous enrollment	List in chronological order previous enrollment from the ninth grade to the present grade. Include school year and school name.		/
Optional	Documentation from physicians, probation officers, realtor, etc, to support your case.		

*Check mark above indicates required item

Retain a copy of submitted application for your files. Ensure all letters are signed. Submit application and documentation along with filing fee to:

Waiver Department University Interscholastic League P.O. Box 8028 Austin, TX 78713-8028

Visit our website: https://www.uiltexas.org/waivers for frequently asked questions.



APPLICATION FOR WAIVER OF ATHLETIC PARENT RESIDENCE RULE / FOUR YEAR RULE

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Please TYPE or PRINT information. Complete each line. Incomplete applications will not be accepted.

CLID CHAPTED MAIN CONTRACTOR	request for a waiver of the f	onowing rule.		
SUBCHAPTER M: UIL Constitution and Contest This application is for school year:	Rules: Athlet Four-	ic Parent Residence: Sections Year Rule: Sections 400 & 408		
This application is for school year.				
1. STUDENT: Date First Entered Ninth G				
Name (as listed on birth certificate):		_ Date of Birth (mm/dd/yyyy)	:	
Physical Address:				_
Mailing Addross save		City	Zip	
Mailing Address (if different from physical address): Contact Number:		City	Zip	_
Name of Whom Student is Living With: _		Relation to Student:	1	
Sport of Current Participation:	Next S	port of Participation (if any):		
	110110	port or 1 trees patron (i. tilly).		
2. PARENT INFORMATION:				
Name:				
Physical Address:				_
		City	Zip	
3. GUARDIAN INFORMATION:				
Complete this section if the student is residing with an individual other	r than their biological parent(s).			
Name:	Contact Number:	:		
Physical Address:				
		City	Zip	
4. CURRENT SCHOOL: (No abbreviations) Date of Enrolln	nent (mm/dd/yyyy):		
School Name:	School District:	School Pl	hone:	
Address:			Fax:	_
	City	Zip		
Name of Coach:	Contact Numbe	er:Si	port:	
Coach's Email Address:				
5. ATHLETIC DIRECTOR'S INFORMATI	ON:			
Name:	Contact Number	r·		
1				
H man A adress.				
Email Address:				
6. PREVIOUS SCHOOL: (Complete if app				
6. PREVIOUS SCHOOL: (Complete if app	lying for a Parent Residen	ce Rule Waiver)	one:	
	lying for a Parent Residen	ce Rule Waiver)	one:	
6. PREVIOUS SCHOOL: (Complete if app School Name:	lying for a Parent Residen	ce Rule Waiver)	one:	
6. PREVIOUS SCHOOL: (Complete if app School Name: Address: Name of Coach:	lying for a Parent Residen School District: Contact Number	City	Zip	_
6. PREVIOUS SCHOOL: (Complete if app School Name: Address: Name of Coach: Date of Enrollment at Previous School:	lying for a Parent Residen School District: Contact Number Date o	City The Waiver of Withdrawal from Previous science Rule Waiver of School Phase Sc	Zip	
6. PREVIOUS SCHOOL: (Complete if app School Name: Address: Name of Coach: Date of Enrollment at Previous School: Did the student ever practice or participate	School District: Contact Number Date o	City The Waiver of Withdrawal from Previous science Rule Waiver of School Phase Sc	Zip	
6. PREVIOUS SCHOOL: (Complete if app School Name: Address: Name of Coach: Date of Enrollment at Previous School: Did the student ever practice or participate period)? YES NO I	Lying for a Parent Resident School District: Contact Number Date of the end	City f Withdrawal from Previous science (before school, after school or	Zip hool: r during the athletic	
6. PREVIOUS SCHOOL: (Complete if app School Name: Address: Name of Coach: Date of Enrollment at Previous School: Did the student ever practice or participate	Lying for a Parent Residen School District: Contact Number Date of the entracurricular activities of yes, list these activities: RMATION AND RELEVATIVE OF ELIGIBILITY RUE (AIVER OF ELIGIBILITY RUE) or Sections 40 submission of false information	City Give Twithdrawal from Previous sets (before school, after school of the school) ANCE: We, the undersigned, atter the school of the scho	Zip hool: r during the athletic est to the accuracy of the lication to waiver the eligibility All other eligibility	, ,
6. PREVIOUS SCHOOL: (Complete if app School Name: Address: Name of Coach: Date of Enrollment at Previous School: Did the student ever practice or participate period)? YES NO I 7. STATEMENT OF ACCURACY OF INFO information contained in this APPLICATION FOR W requirement applies ONLY to Sections 400 and 408 (I requirements must be met. We further understand that	Lying for a Parent Residen School District: Contact Number Date of the entracurricular activities of yes, list these activities: RMATION AND RELEVATIVE OF ELIGIBILITY RUE (AIVER OF ELIGIBILITY RUE) or Sections 40 submission of false information	City Give Twithdrawal from Previous sets (before school, after school of the school) ANCE: We, the undersigned, atter the school of the scho	Zip hool: r during the athletic est to the accuracy of the lication to waiver the eligibility All other eligibility	, ,
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