

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

Revised July 2011

**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.

**Q's:** Why is the student not living with both parents or a legal guardian (legal guardianship and residence must be in effect for a least one calendar year)? Why is the student not enrolled in the designated attendance zone school? Explain why student's move was involuntary and unavoidable. Include any records or documents of child abuse, neglect, mistreatment, or other unusual circumstances that affected 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. Only applications revised as of July 2011, will be accepted.

***NOTE: There is no four-year waiver for an overage student unless he/she qualifies for an over-age waiver (Section 463 (a) 3 of the C & CR).***

**Q's:** Why does the student need a fifth year of school to graduate? Was student and/or parent incapacitated due to illness, accident or incarceration? How? When? Where? Length of time? Was student's parent transferred outside continental United States? Any other unusual circumstances that affected student's ability to go to school? etc.

**The following documentation, in English, is required:**

1. **Application form** (page two).
2. **Filing Fee (\$100.00)**. Section 463(b) in the constitution and Contest Rules covers application fees. (Cashier's check money order, or school check. **Applications will not be accepted with a personal check.**)
3. **Copy of student's transcript** that will verify first entry date in ninth grade and all grades recorded up to date of application. A record of attendance would be helpful.
4. **Completed Previous Athletic Participation Form**. If the student DID NOT participate at the previous school, the first page, "**Eligibility Questionnaire for New Student Athletes**", of the Previous Athletic Participation Form is required. Page 1 of the this form is required for all Four Year Waivers.
5. **Written statement from Chairperson of the District Executive Committee** to the Waiver Office that the district is aware of the Application. The written statement must be on school letterhead with a fax number. Emails not accepted.
6. **A copy of birth certificate** (REQUIRED for Four Year Rule applications only)
7. Documentation:
  - A. **A personal letter from the student** (in his/her own words) explaining his/her situation and why he/she is requesting the waiver.
  - B. **A letter from the parent(s) and/or guardian(s)** that should include complete background and all facts pertinent to this case, that will verify that the circumstances which would cause the student to be ineligible were involuntary and unavoidable.
  - C. **A letter from the present school coach** outlining the facts of the case.
  - D. **A letter from the previous school** (Preferably from the coach) that addresses the character and discipline record of the student while attending that school.
  - E. Attach additional sheets of explanation, certifying statements, and any documents from physicians, institutions, probation officers, realtors, etc.

**Instructions for submitting this application:**

1. Send a copy of this application to your District Executive Committee Chairman. (See #5 above.)
2. If additional information is required, applicants have 14 days from receipt of application to complete required or requested documentation.
3. Make a copy of the application and documentation for your files.
4. Submit original application plus all other documentation plus \$100.00 filing fee to:

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

**Waiver Decision:** Within 14 days after the Waiver Officer determines that the application is complete, the Waiver Officer shall upon the basis of the application and written statements decide whether the waiver should be granted and the applicant declared eligible (Section 465(a)).

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Please submit a **COMPLETED** application as a request for a waiver of the following Rule:

SUBCHAPTER M: UIL Constitution and Contest Rules:

- Athletic Parent Residence** in School District and Attendance Zone; Sections 440 & 442.  
 **Four-Year Rule**; Sections 400 & 405

**Please TYPE or PRINT information. Each line needs to be completed.**

**1. STUDENT** Date First Entered Ninth Grade: \_\_\_\_\_ Current Grade:  9  10  11  12

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name of whom are you living with: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Number: \_\_\_\_\_

**2. PARENT/GUARDIAN INFORMATION:**  Parent  Guardian

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**3. CURRENT SCHOOL:** Date of Enrollment: \_\_\_\_\_

School Name: \_\_\_\_\_ School District: \_\_\_\_\_ School Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ School Fax: \_\_\_\_\_  
Name of Coach: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Sport: \_\_\_\_\_  
Coach's Email Address: \_\_\_\_\_

**4. PREVIOUS SCHOOL: (To be completed if the student is changing schools.)**

School Name: \_\_\_\_\_ School District: \_\_\_\_\_ School Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Date of enrollment at previous school: \_\_\_\_\_ Date of withdrawal from previous school: \_\_\_\_\_  
Did the student ever practice or participate in extracurricular activities (before school, after school or during the athletic period)?  YES  NO If yes, list these activities: \_\_\_\_\_

**5. STATEMENT OF ACCURACY OF INFORMATION AND RELEVANCE:** We, the undersigned, attest to the accuracy of the information contained in this APPLICATION FOR WAIVER OF ELIGIBILITY RULES. We understand that this application to waiver the eligibility requirement applies ONLY to Sections 400 and 405 (Four-Year Rule) or Sections 440 and 442 (Parent Residence Rule). All other eligibility requirements must be met. We further understand that submission of false information will result in the ineligibility of the above named student for at least one year for all League activities in any member school (Section 470).

\_\_\_\_\_  
Print Name Signature of Student and/or parent or guardian Date

\_\_\_\_\_  
Print Name Signature and title of current school administrator Date

District # Conference:  A  AA  AAA  AAAA  AAAAA

Chairman of District Executive Committee:

Name/Title: \_\_\_\_\_  
School or School District: \_\_\_\_\_