

## Delaware Interscholastic Athletic Association Waiver Request Form

All information should be typed or printed. This form is available on the DIAA website as a fillable PDF.

**1. Please provide the following information concerning the student who is requesting the waiver:**

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_ Date of Enrollment (M-D-Y): \_\_\_\_\_

Previous School: \_\_\_\_\_ Date of Withdrawal (M-D-Y): \_\_\_\_\_

Feeder School: \_\_\_\_\_

Choice Program: Yes \_\_\_\_\_ No \_\_\_\_\_ School: \_\_\_\_\_ Date Enrolled: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Choice Program: Yes \_\_\_\_\_ No \_\_\_\_\_ School: \_\_\_\_\_ Date Enrolled: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Parent(s)/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

(Best number to reach you during business hours.)

**2. Please indicate what regulation on which you are requesting the DIAA Board to take action.**

- \_\_\_\_\_ **1008**      \_\_\_\_\_ **1009**
- |  |   |
|--|---|
| <input type="checkbox"/> Section 2.1 Eligibility, Age<br><input type="checkbox"/> Section 2.2 Eligibility, Residence<br><input type="checkbox"/> Section 2.3 Eligibility, Enrollment & Attendance<br><input type="checkbox"/> Section 2.4 Eligibility, Transfers | <input type="checkbox"/> Section 2.5 Eligibility, Amateur Status<br><input type="checkbox"/> Section 2.6 Eligibility, Passing Work<br><input type="checkbox"/> Section 2.7 Eligibility, Years of Participation<br><input type="checkbox"/> Other (please specify section) |
|--|---|

**3. Please indicate the sport(s) for which you are requesting the waiver.**

---

**4. Provide a complete list of schools attended and indicate interscholastic sports the student has played (school teams). Include the appropriate levels of competition (middle school (6-8), freshman, junior varsity, and/or varsity):**

Grade	School Year	School Attended	Fall Sport(s) Level	Winter Sport(s) Level	Spring Sport(s) Level

**5. Provide a complete list of any non-school athletics (club teams, etc.) on which the student has played.**

Grade	School Year	Sport	Team Name	Coach

**6. To aid the Board in making an informed decision, this request shall include:**

- Official transcripts from 6<sup>th</sup> grade through most recent school year
- Most recent report card or grade report (if not included on transcripts)
- Attendance Records for the last two years
- A letter from the Principal or Headmaster of the school requesting the waiver either supporting or not supporting the waiver request
- Any documentation specifically required by the rule
- School Withdrawal documents
- Acceptance letter (non-public schools)
- Choice Program Documents (enrollment and withdraw)
- School calendar when school days must be determined
- Medical records (if applicable)
- Legal documentation (if applicable)
- IEP's (if applicable)
- Any documentation or evidence to substantiate a hardship or extenuating circumstance exist.
- Parent and student athlete explain in detail in a letter the circumstances for requesting a waiver.

**7. Please indicate the school or school district representative who will be attending the DIAA Board of Directors meeting for the waiver request hearing.**

Name \_\_\_\_\_ Title \_\_\_\_\_

**Please initial below if no one from the school or school district is attending.**

\_\_\_\_\_ No one will be attending the waiver request hearing from the school or school district.

School Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(To acknowledge submission of the waiver request and confirm attendance/nonattendance)

**8. Parent Signature**

I acknowledge that that information set forth in this Waiver Request Form is accurate, complete and truthful.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**Please complete numbers 9-11 below if the waiver is for Regulation 1008 or 1009 Section 2.4 Eligibility, Transfers**

**9. Please indicate your reasons for your transfer. Check all that apply. Please provide supporting documentation for each reason checked.**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Academic    | <input type="checkbox"/> Financial      |
| <input type="checkbox"/> Social      | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Other _____ |   |

**10. Certification of Principal or his/her designee of school to which student transferred (current school)**

Upon my interviewing the personnel at my school and, if possible, the student and/or student's parents, I hereby certify that, to the best of my knowledge and information, the student's transfer was for the reasons indicated above and was not motivated in some way by an athletic purpose.

Principal's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

**11. Certification of Principal or his/her designee of school from which student transferred (previous school)**

Upon my interviewing the personnel at my school and, if possible, the student and/or student's parents, I hereby certify that, to the best of my knowledge and information, the student's transfer was for the reasons indicated above and was not motivated in some way by an athletic purpose.

Principal's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

**12. Certification of Principal or his/her designee of school from which student transferred (previous school)**

In lieu of signature above, I will provide a letter/email to DIAA Executive Director, indicating my reason for not signing above.

Principal's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

**Submit the Waiver Request Form and all supporting documentation to:**

Delaware Interscholastic Athletic Association (DIAA)

35 Commerce Way, Suite 1, Dover, DE 19904

[diaa.waivers@doe.k12.de.us](mailto:diaa.waivers@doe.k12.de.us)