

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	<p><i>Acceptable payment forms:</i> cashier's check, money order, or school check. Include student's name and purchaser's name on payment.</p> <p><i>Waived fees:</i> Current active military (provide current orders) and indigent students (provide documentation with lunch status from PEIMS coordinator or Cafeteria Manager)</p> <p><i>Make payment payable to The University of Texas at Austin/UIL</i></p>	✓	✓
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)	If the student did not participate at the previous school, page 1 is required; otherwise, both pages are required.	✓	Page 1
District Executive Committee Chairperson's notification letter	Refer to the provided template	✓	✓
Birth certificate	Copy of birth certificate		✓
Personal letter from student	Student explaining his/her situation why he/she is requesting the waiver (written in English)	✓	✓
Personal letter from parent/guardian	Letter explaining the complete background and all facts pertinent to the case (written in English)	✓	✓
Letter from present school	Outlining the facts of the case	✓	✓
Statement from previous school	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.
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.uil texas.org/waivers> for frequently asked questions.



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

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

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:** Sections 403 & 442
Four-Year Rule: Sections 400 & 408

This application is for school year: _____

1. STUDENT: Date First Entered Ninth Grade (mm/yyyy): _____ Current Grade: 9 10 11 12
 Name (as listed on birth certificate): _____ Date of Birth (mm/dd/yyyy): _____
 Physical Address: _____ City _____ Zip _____
 Mailing Address (if different from physical address): _____ City _____ Zip _____
 Contact Number: _____ City _____ Zip _____
 Name of Whom Student is Living With: _____ Relation to Student: _____
 Sport of Current Participation: _____ Next Sport of Participation (if any): _____

2. PARENT INFORMATION:
 Name: _____ Contact Number: _____
 Physical Address: _____ City _____ Zip _____

3. GUARDIAN INFORMATION:
 Complete this section if the student is residing with an individual other than their biological parent(s).
 Name: _____ Contact Number: _____
 Physical Address: _____ City _____ Zip _____

4. CURRENT SCHOOL: (No abbreviations) Date of Enrollment (mm/dd/yyyy): _____
 School Name: _____ School District: _____ School Phone: _____
 Address: _____ City _____ Zip _____ School Fax: _____
 Name of Coach: _____ Contact Number: _____ Sport: _____
 Coach's Email Address: _____

5. ATHLETIC DIRECTOR'S INFORMATION:
 Name: _____ Contact Number: _____
 Email Address: _____

6. PREVIOUS SCHOOL: (Complete if applying for a Parent Residence Rule Waiver)
 School Name: _____ School District: _____ School Phone: _____
 Address: _____ City _____ Zip _____
 Name of Coach: _____ Contact Number: _____
 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: _____

7. 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 waive the eligibility requirement applies ONLY to Sections 400 and 408 (Four-Year Rule) or Sections 403 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).

Signature of parent or guardian Print Name Date

Signature current school administrator Title (Superintendent, Athletic Director, or Principal) Print Name Date

District # Conference: A AA AAA AAAA AAAAA AAAAAA

Chairman of District Executive Committee: Name/Title: _____

School or School District: _____