

**REQUEST TO PARTICIPATE IN INTERSCHOLASTIC ATHLETIC
ACTIVITIES AT AN ACCREDITED NONPUBLIC HIGH SCHOOL
BY A STUDENT UNDER COMPETENT PRIVATE INSTRUCTION**

Student's Name: _____ Present Grade level: _____

Student's Address: _____

City, State, Zip: _____

Student's Resident School District: _____

Parent/Guardian Name: _____

Parent/Guardian Address (if different from Student's):

Has student attended or participated for any other high school? _____

If yes, name of school and dates: _____

Is the student dual enrolled in the resident district (for activities or classes) OR is the student enrolled in the resident district's Home School Assistance Program? _____

Interscholastic Athletic Activities Requested: _____

Date of request: _____

Signature of Parent/Guardian: _____

*****For School to Fill Out*****

Name of School: _____

Date of Acceptance: _____

Signature and Title of School Official: _____

NOTES:

1. School keeps one copy, gives one copy to student, sends one copy to the Iowa High School Athletic Association or Iowa Girls High School Athletic Union (depending on gender of student).
2. Student may only participate in interscholastic athletic activities at more than one school during the same school year after serving the period of ineligibility of 90 consecutive school days (absent contemporaneous change of parental residence).
3. Students who participate in interscholastic athletics in this manner are subject to the general transfer rules in 281—IAC chapter 36.
4. Students whose only contact with their resident district is ITED or other assessment are not barred from participation with an accredited nonpublic high school.

APPROVAL GRANTED on _____ (date) by _____ (name and title of official from IHSAA or IGHS AU)