North Carolina High School Athletic Association

Request for Waiver

Pursuant to the State Board of Education Rule **ATHL-005** (the "Participation Rule"), the NCHSAA shall, in an individual student's case, waive any eligibility requirement contained in the Participation Rule if the NCHSAA finds that enforcing the requirement:

(1) Fails to promote academic progress, health, safety, and fair play;
(2) Works an undue hardship on a student who has lost eligibility due to circumstances that made participation impossible, such as prolonged illness or injury; or
(3) Prevents the reasonable accommodation of a student's disability, as required by the Americans with Disabilities Act, 42 U.S.C. § 12101 et seq.

The NCHSAA applies the same waiver rule to all membership entities.

Waiver requests can only be submitted by a designated representative of the membership entity (either a non-boarding parochial school or a public school unit ("PSU")). To request a waiver, the designated membership entity representative must complete the attached form in its entirety and submit it along with any attachments, including an up-to-date transcript, via email to the parties listed below.

North Carolina High School Athletic Association

- To: waiver@nchsaa.org

** Note that all requests require approval of the superintendent, or designee, of the PSU, or, for non-boarding parochial schools, the head of school.*

School Information	
School Name	
School Address	
PSU Name (School District or Charter Organization), if Applicable	
School Representative Information	
The Request for Waiver must be completed by a representative of the school, usually the principal or athletic director.	
Name	
Title	
Email	
Phone Number	
Student-Athlete Information	
List the information of the individual student-athlete impacted by the Request for Waiver.	
Name	
Grade	
Sport(s)	
Rule Subject to Waiver Request	
List the rule or part of a rule that the membership entity is requesting be waived. Please include the rule number from the NCHSAA handbook.	
Basis for Waiver Request	
Select the applicable basis (or bases) for the request.	
☐ The rule fails to promote academic progress, health, safety, and fair play.	
☐ The rule works an undue hardship on a student who has lost eligibility due to circumstances that made participation impossible, such as prolonged illness or injury.	
☐ The rule prevents the reasonable accommodation of a student's disability, as required by the Americans with Disabilities Act, 42 U.S.C. § 12101.	

Factual Background
Describe the factual background of the request, including specifically why the membership entity believes that the facts satisfy the selected ground(s) for waiver. The membership entity may include additional documentation or evidence in addition to the written description.
Description of the Facts
Summary of Attached Evidence

Scholastic Information - REQUIRED		
Previous Semester Courses (ENG 1, MATH 2, Etc.)	**Course Type** (Block, Yearlong, Etc.)	**Semester Result** (Pass or Fail)

Attendance Information - REQUIRED	
Instructional Days The Previous Semester	
Total Absences	
Excused Absences	
Unexcused Absences	

Certification by School Representative

I hereby certify that, to the best of my knowledge, the information provided in this request is true accurate, and complete. I understand that the falsification, misrepresentation, or omission of relevant facts in this appeal may result in denial of the request.

_____

Name of School Representative (Principal/Athletic Director)

_____

Signature

_____

Date

Acknowledgement by Superintendent or Head of School

I, on behalf of the PSU or non-boarding parochial school named in this request, acknowledge that I have reviewed the request and approve of its submission to the NCHSAA.

_____

Name of Superintendent (PSU), Head of School (Charter/Non-Boarding Parochial), or Designee

_____

Signature

_____

Date

IMPORTANT: Check that all documents listed below are included in this submission:

- ☐ Completed request
- ☐ Transcript
- ☐ Attendance record from previous semester (must use **Student Daily Attendance Detail Record**)
- ☐ Documentation to verify excused absences (i.e., health care provider notes)