



DISPLACED/HOMELESS STUDENT ELIGIBILITY

Please submit to WIAA – Fax 715-344-4241

High School Name : _____ Athletic Administrator Name _____

Name of Student _____ Date of Birth _____ Male or Female (please circle)

Year in School (Circle One) 9 10 11 12 Date of Arrival in Your School _____

Name of Parents _____

Home Address _____
(Street) (City) (State) (Zip)

Are Parent(s) with Student? Yes _____ No _____ Are parents and/or other siblings homeless? Yes _____ No _____

Name of Family where student is presently residing _____

Address While in Your District _____
(Street) (City) (State) (Zip)

Name/Address of Nearest Relative _____

Phone Number, if known _____

Last School Student Attended: _____ City/State _____

Comments (attach additional explanation from parent(s) and student: _____

Note: New students must have Pre-Participation Exam prior to beginning practice or competition.

[Please include EVTS form from former school]

SPORTS PARTICIPATION								
SPORT <small>(Place X in appropriate box)</small>	Grade 9		Grade 10		Grade 11		Grade 12	
	Varsity	Nonvarsity	Varsity	Nonvarsity	Varsity	Nonvarsity	Varsity	Nonvarsity
Baseball								
Basketball								
Cross Country								
Football								
Golf								
Gymnastics								
Hockey								
Soccer								
Softball								
Swimming/Diving								
Tennis								
Track/Field								
Volleyball								
Wrestling								

Name/Signature of Athletic Administrator Completing This Form _____ Date _____

Phone _____ Fax _____ E-mail _____

ACTION OF WIAA EXECUTIVE OFFICE

Eligibility for the above-named student has been --

_____ Approved from standpoint of WIAA residence and attendance requirements

_____ Approved from standpoint of WIAA residence and attendance requirements BUT for nonvarsity only because _____

_____ Denied because _____

_____ Deputy Director Date _____

(Executive Officer)