

SFUSD ATHLETICS HARDSHIP EXEMPTION WAIVER

Note: The student is ineligible until the exemption is granted

This application is for a Hardship Exemption Waiver of: (Check one of the following)
 ___ Age limit ___ Maximum semesters ___ Passing 20 semester periods of work ___ Transfer rule

BASIS FOR GRANTING AN EXEMPTION

A student who requests an exemption to the Middle School Athletic Bylaws, is INELIGIBLE and is seeking an exemption from the rules that apply to all other students who represent San Francisco schools in interscholastic competition. The burden of proof is on the student, parent, guardian, and school authorities to present factual documentation that is compelling and overwhelmingly in support of the petition for eligibility. This documentation will preferably be from official documents, neutral parties, or third parties (people other than the student and his/her family). Mere statements or claims by the student and his/her parents will generally not suffice.

The student and his/her family should work with the school's athletic administration to review the SFUSD hardship criteria and the relevant rules applicable to the student's situation.

PART A: STUDENT INFORMATION

1. Student's Name _____ Phone _____
 Birthdate _____ Grade Level _____
2. Student's Current Address _____ Phone _____
3. Parent's Current Address _____ Phone _____
4. Current School _____ Date Enrolled _____
5. Current School Address _____ Phone _____
6. Former School _____ Date Enrolled _____
7. Former School Address _____ Phone _____

PART B. PREVIOUS ATHLETIC EXPERIENCE

YEAR	SCHOOL & CITY	GRADE	SPORT(s) & LEVEL(s) PLAYED

PART C. TYPE OF HARDSHIP:			
<input type="checkbox"/> Personal Safety	<input type="checkbox"/> Medical	<input type="checkbox"/> Financial	<input type="checkbox"/> Other

PART D. SUGGESTED SUPPORTING DOCUMENTS FOR HARDSHIP EXCEPTION	
_____	Personal Safety: Corroborating Statements from: SFUSD Pupil Services Office, police officers, school counselors, school officials, probation officers, or other third parties with knowledge of the threat to one's safety
_____	Medical: Identification of medical situation from licensed medical personnel and documentation from school officials of impact on ability to perform academically
_____	Financial: Corroborating information from: employer, accountant, financial advisor, or signed tax return from previous year plus statement from previous school where one claims inability to meet previous school's tuition
_____	Other: Documentation from knowledgeable uninvolved third parties or official records supporting the hardship claim
<p>Note: The school should also submit any documentation showing that the hardship was beyond the control of the student. For requests for waiver of a semester, the school should submit documentation showing that there is no other reason that the student could not complete high school within the required eight consecutive semesters following initial enrollment as the hardship must be the "direct and sole cause" of the extension of time</p>	

PART E. CERTIFICATION OF HARDSHIP REQUEST (BY AFFIXING ONE'S SIGNATURE, ONE CERTIFIES THAT TO THE BEST OF ONE'S KNOWLEDGE ALL INFORMATION SUBMITTED IS ACCURATE AND THAT THE PERSON SIGNING SUPPORTS THE HARDSHIP APPLICATION)	
SCHOOL PRINCIPAL: _____	DATE _____
ATHLETIC DIRECTOR: _____	DATE _____
STUDENT: _____	DATE _____