



Name of School: _____

Person completing this form: _____

2005-2006 IHSA Foreign Exchange Student Eligibility Request

If a student is enrolled in your school under an approved foreign exchange programs , an exception to the residence by-law will be granted and he/she may be eligible for interscholastic participation provided the student is in compliance with all other IHSA By-Laws.

NOTE: THIS FORM MUST BE COMPLETED BY SCHOOL PERSONNEL, NOT THE FOREIGN EXCHANGE STUDENT. PLEASE TYPE OR PRINT.

Send this form to: Illinois High School Association, 2715 McGraw Drive, P.O. Box 2715, Bloomington, IL 61702-2715

Section 1: Student Record Information

Name _____ Birth Date _____ Sex: M___ F___ Enrolled as: Fr___ So___ Jr___ Sr___
Host Family _____ Parents' Names _____
Host Address _____ Parents' Address _____
City _____, IL _____(Zip) City and Country _____

Section 2: Eligibility Verification

Date school year begins/began at your school: _____ First date of attendance in your school: _____
Last date student attended home school: _____ Has student graduated from high school or the equivalent? Yes___ No___
Total semesters of high school attendance anywhere, **PRIOR TO ENROLLING IN YOUR SCHOOL** (Equate to U.S. Semesters): _____
(NOTE: Contact the exchange program area representative for verification, if needed, for total U.S. semesters.)
Has student previously attended a U.S. high school? Yes ___ No___ (If yes, give school, city, state, dates attended and reason for transfer): _____
Has the student earned 20 credit hours (2 full credits) of high school work the previous semester? Yes _____ No _____

Section 3 Exchange Program Sponsorship

Name of program sponsoring student _____
Schools may view a current list of approved programs at <http://www.ihsa.org/org/foreign.htm>.

*** For IHSA use only**
Has this program been approved for 2005-06
 Yes No

Section 4: Additional information and Signatures

The Registration Form for a Foreign Exchange Student has been completed and attached Yes No

List the sport(s) in which the student might participate

(Exchange Student's Signature and Date)

(Host Parent's Signature and Date)

(Please Print Principal's/Official Representative's Name)

(Principal's/Official Representative's Signature and Date)

Official IHSA Action

Request for eligibility is hereby APPROVED ___ DISAPPROVED ___

Reason/Comments: _____

This ruling is made in compliance with Section 1.460 of the IHSA Constitution.

