

SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION

**GUIDELINES FOR CONSIDERATION OF WAIVER OF
THE TRANSFER RULE**

1. Waiver of transfer rule pursuant to Provisions in Article VII, Section 3, Sub-section (j):

(j) The Board of Directors, or the Executive Director, as hereinafter provided in Section 11, shall have authority to waive the enforcement of the transfer rule when it appears that an individual student would be unjustly penalized because of (1) death of a parent; (2) divorce; (3) court adjudicated separation of the parents; (4) change in economic status of the parents beyond the control of the student's family which forces the transfer. A waiver under this sub-section shall only be granted when the economic change is a foreclosure, bankruptcy, or parents loss of job which would require documentation by the parents;(5) assignment, by any governmental agency of a student to a particular school or school district; (6) assignment, by any governmental agency, of a student to a facility such as McCrossan Boys Ranch; (7) No Child Left Behind—NCLB, and (8) any other circumstance of a similar serious nature.

2. Definitions:

Death - death of a parent or legal guardian.

Divorce - dissolution of marriage by the courts.

Separation - separation of the parents under a court order.

Change in Economic Status - Financial problems beyond the control of the student's family as a result of foreclosure, bankruptcy or parent's loss of job.

Assignment - Assignment by a governmental agency of a student to a particular school, school district or facility such a McCrossan Boys Ranch, Our Home Inc., etc.

Other Circumstances - Matters of a very serious nature that do not fit the definitions set forth in the other categories.

3. Application for waiver of the transfer rule must be initiated by the member school receiving the student as per Article VII, Section 3, Sub-section (n), page 4 of the SDHSAA Constitution.

4. It shall be the responsibility of the receiving school as well as the school last attended to complete the appropriate form(s) furnished by the SDHSAA.

5. Statements from federal, state and county officials, members of the clergy or others who are in position to furnish information concerning the reason(s) for the transfer should be included in the application.

6. A signature of the parents or legal guardians and the student on the appropriate form furnished by the SDHSAA shall be the responsibility of the school receiving the students.

As per constitutional amendment, June 2002: Chapter II, Part I—FURTHER ELIGIBILITY REQUIREMENTS FOR ATHLETIC CONTESTS:

Any student granted eligibility pursuant to Article VII, Section 3, sub-section (j)---waiver of the transfer rule due to hardship---would not be eligible until the beginning of the following school year should the student transfer to his/her school where his/her parents/guardians reside.

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
WAIVER OF THE TRANSFER RULE DUE TO HARDSHIP**

To be completed by the designated authority of the school receiving the student and returned to the SDHSAA.

Article VII, Section 3, Sub-section (j):

(j) The Board of Directors, or the Executive Director, as hereinafter provided in Section 11, shall have authority to waive the enforcement of the transfer rule when it appears that an individual student would be unjustly penalized because of (1) death of a parent; (2) divorce; (3) court adjudicated separation of the parents; (4) change in economic status of the parents beyond the control of the student's family which forces the transfer. A waiver under this sub-section shall only be granted when the economic change is a foreclosure, bankruptcy, or parents loss of job which would require documentation by the parents; (5) assignment, by any governmental agency of a student to a particular school or school district; (6) assignment, by any governmental agency, of a student to a facility such as McCrossan Boys Ranch; (7) No Child Left Behind--NCLB; and (8) any other circumstance of a similar serious nature.

Under which condition(s) of Sub-section (j) are you submitting this application?

Death Divorce Separation Economic Status
 Government Assignment NCLB Other Circumstances

1. Name of Student _____ Date Enrolled _____

2. Student's Current Address _____

3. Student's Date of Birth _____ Student's Age _____

4. Name and Address of School Transferred from _____

5. Total Semesters of Eligibility Completed at the Time of Transfer. Circle Appropriate Semester(s) and Indicate Year(s).

Semester 1-2, _____ - _____ Semester 5-6, _____ - _____
 Semester 3-4, _____ - _____ Semester 7-8, _____ - _____

6. Name and Address of Parent(s) or Legal Guardian(s) _____

7. Status of family:

Mother and Father	Mother	Father	Student previously lived with	Student currently lives with
<input type="checkbox"/> Living together <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	<input type="checkbox"/> Mother & Father <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____	<input type="checkbox"/> Mother & Father <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____

8. Number of Seasons of Participation in grades 9-12:

Basketball Golf Track Competitive Cheer
 Cross Country Gymnastics Volleyball Competitive Dance
 Football Tennis Wrestling Soccer

9. STATE FULL DETAILS. It is the responsibility of both the school from which the student transfers and the school that receives the student to verify and document the conditions under which a move from one school to another is the result of death, divorce, separation, change in economic status, or government assignment. (ATTACH ALL DOCUMENTATION TO THIS FORM.)

10. The information obtained and documented on the APPLICATION is the result of an interview with the following people:

1. _____ Date _____
2. _____ Date _____
3. _____ Date _____
4. _____ Date _____
5. _____ Date _____

11. The above information is correct to the best of my knowledge.

Designated School Representative _____ Title _____
Name of High School _____
Address _____ City _____ Zip _____

To be completed by the student and her/his parents(s)/guardian(s).

Certificate of Application: This is to certify that all information herein contained is correct and I understand that ineligibility may result if the information proves to be incorrect through error or misstatement. I further certify that the transfer was not for athletic reasons.

Signature of Parent/Guardian Date Signature of Student Date

RETURN THIS FORM AND DOCUMENTATION IN ITS ENTIRETY TO:

South Dakota High School Activities Association
804 North Euclid, Suite 102
P.O. Box 1217
Pierre, SD 57501

_____ Approved _____ Not Approved

SDHSAA Executive Director

Date

SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION

GUIDELINES AND APPLICATION FOR WAIVER OF SCHOLASTIC/EIGHT SEMESTER ELIGIBILITY RULES

Article VII, Section 3, Sub-section (l): The scholastic or eight-semester rule may be waived if the student loses eligibility because of serious illness, injury and/or other circumstances of a similar serious nature. In such cases, the illness, injury or other circumstances of a similar serious nature must be verified in writing by a licensed health professional or other professional personnel as per request from the SDHSAA office.

WAIVER OF THE SCHOLASTIC/EIGHT-SEMESTER RULE DUE TO HARDSHIP

Please check the appropriate box:

- Applicant requests waiver of the scholastic rule.
- Applicant requests waiver of the Eight-Semester Rule
- Applicant requests waiver of both eligibility rules

1. Name of Student _____

2. Student's Date of Birth _____ Student's Age _____

3. Total Semesters of Eligibility completed. Circle appropriate semester(s) and indicate year(s).

Semester 1-2, _____ - _____ Semester 5-6, _____ - _____

Semester 3-4, _____ - _____ Semester 7-8, _____ - _____

4. Number of seasons of participation in grades 9-12 in the following:

ATHLETICS:

____ Basketball ____ Golf ____ Track ____ Competitive Cheer
____ Cross Country ____ Gymnastics ____ Volleyball ____ Competitive Dance
____ Football ____ Tennis ____ Wrestling ____ Soccer

FINE ARTS:

____ Debate & IE ____ Music ____ Oral Interpretation
____ Journalism ____ One-Act Plays

- 5. Applicant must include a copy of the student's official transcript of grades.
- 6. Applicant must include medical documentation of the serious illness or injury that caused the student to become ineligible. Please attach all documents to this form.
- 7. Applicant must include form # 4 entitled, "Family Educational Rights and Privacy Act".

The information provided is correct to the best of my knowledge.

_____	_____
Designated School Representative	Title
_____	_____
Name of High School	Address
_____	_____
City	Zip

To be completed by the student and her/his parent(s)/guardian(s).

1. Certificate of Application: This is to certify that all information herein contained is correct and I understand that ineligibility may result if the information proves to be incorrect through error or misstatement.

_____	_____	_____	_____
Signature of Parent/Guardian	Date	Signature of Student	Date

RETURN THIS FORM AND DOCUMENTATION IN ITS ENTIRETY TO:

**South Dakota High School Activities Association
804 North Euclid, Suite 102
P. O. Box 1217
Pierre, SD 57501**

_____ Approved _____ Not Approved

_____	_____
SDHSAA Executive Director	Date

SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

(This form to be submitted by the school receiving the student)

Date

Name of Student

Birth Date

do hereby authorize the

Name of Your School District

To transfer the above-named student's records or transcripts to the South Dakota High School Activities Association. Furthermore, I hereby authorize the South Dakota High School Activities Association Board of Directors, office staff, and appeal committee to view and examine the records of the above-mentioned student as part of a hardship hearing.

Signature of Student

Signature of Parent or Guardian

Address

Address

NOTE: Students who are eighteen years of age or older shall sign on their own behalf. In this case the signature of the parent or legal guardian is not required.

SDHSAA TRANSGENDER PROCEDURE

Philosophy of Gender Identity Participation:

In accordance with applicable state and federal laws, rules and regulations, the SDHSAA allows participation for all students regardless of their gender identity or expression in an environment free from discrimination. The procedure outlined in this document is to designate a set of criteria in which student-athletes are able to compete on a level playing field in a safe, competitive and friendly environment, free of discrimination.

Gender Identity Participation:

All students should have the opportunity to participate in SDHSAA activities in a manner that is consistent with their gender identity, irrespective of the gender listed on a student's records. Should any questions arise whether a student's request to participate in a sex-segregated activity consistent with his or her gender identity is bona fide, a student may seek review of his or her eligibility for participation by working through the procedure set forth below: Once a student has been granted eligibility to participate in the sport consistent with his/her gender identity, the eligibility is granted for the duration of the student's participation and does not need to be renewed every sports season or school year.

Definitions:

For the purposes of this policy, the following definition applies:

1. **Transgender Person:** a person whose gender identity does not match the sex assigned to him or her at birth.
2. **Gender Identity:** a person's deeply-felt internal sense of one's own gender.
3. **Gender Expression:** a person's external characteristics and behaviors that are socially defined as either masculine or feminine (dress, speech, mannerisms, social interactions, etc.)

Privacy Statement:

To the extent permitted by law, all discussions and documents at all levels of the process either by a member school and/or the SDHSAA shall be kept confidential, and the proceedings will be sealed unless the student and family make a specific request.

Approval Procedure:

- 1) **Notice to School:** The student and parent(s)/legal guardian(s) shall contact the administration at their member school notifying them that the student has a consistent gender identity different than listed on the student's school registration records or birth certificate and that the student desires to participate in activities in a manner consistent with his/her gender identity.
Gender identity of the student must not be for the purpose of "gaining an unfair competitive advantage."
- 2) **Necessary Documentation:** The member school should assist in collecting the following information.
 - a. Current transcript and gender identity used for school registration records.
 - b. A written statement from the student and the student's parent(s)/legal guardian(s) affirming the consistent gender identity and expression to which the student self-relates.
 - c. Statements from individuals such as, but not limited to parent/legal guardians, friends, and/or teacher, which affirm that the actions, attitudes, dress and manner demonstrate the student's consistent gender identification and expression. Documentation shall also include accommodations that have been made by the school for the student.

- d. Gender identity related advantages to the student if participation would be approved.
 - e. Written verification from an appropriate health care professional (i.e. doctor, psychiatrist, psychologist), acting within the scope of his/her licensure, that verifies the existence of the student's consistent and uniform gender identification and expression.
 - f. Any other evidence as may be determined appropriate by the school or the SDHSAA office relative to the eligibility determination which may reflect upon whether the gender identity is sincerely held as part of the person's core identity.
- 3) Notice to SDHSAA: The member school is responsible to determine if the necessary documentation has been procured for the SDHSAA Transgender Application (TA). Once this determination is made by the member school, it shall submit the Transgender Application and all materials and documentation to the SDHSAA for review of the student who intends to participate on a team opposite their birth gender. If the required documentation is not submitted, the SDHSAA will neither accept nor consider the TA application.
 - 4) Referral to Independent Hearing Officer (IHO): Upon receipt of the Transgender Application (TA) in the SDHSAA office, the Executive Director will refer the application and all necessary documentation to an Independent Hearing Officer (IHO) selected by the Executive Director who will review the submitted information. The IHO shall be a licensed attorney and a member of the State Bar of South Dakota in good standing.
 - 5) Upon appointment, the IHO shall notify the district and student involved that each may, within ten (10) days, submit any additional information which they urge is relevant to the issues presented, with a copy to the other party. No additional information will be accepted after this date.
 - 6) In addition to a review of the submitted information, the IHO may review any other information which he or she in their sole discretion may deem necessary to render a decision.
 - 7) Written notification of the decision of the IHO will be rendered through the Office of the Executive Director within seven (7) days following the IHO's decision.
 - 8) Appeals: If the member school or student making application is aggrieved by the decision of the IHO and desires to appeal such decision, a written notice of appeal may be filed with the Executive Director of the SDHSAA within seven (7) days after receiving notification of the decision of the IHO. All appeals from the IHO will be to the Board of Directors of the SDHSAA. The decision of the Board of Directors shall be final. The Board of Directors will have the authority to investigate the factual situation as per each request and require that additional specified information be submitted. The Board of Directors will hear appeals during their next regularly scheduled meeting. Written notification of the decision of the Board of Directors will be rendered through the office of the Executive Director within seven (7) days following the Board of Directors hearing.
 - 9) No Annual Renewal Required: Once a student's gender eligibility has been determined by the SDHSAA and that student elects to participate, they will participate in that gender category in all sports, for the remainder of their scholastic/eight semester eligibility in grades 9-12. Annual renewal is not necessary.

Once an affirmative decision is made, the student's eligibility will begin and participation will be granted throughout the duration of the student's high school career, regardless of the member school attendance.

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
TRANSGENDER PROCEDURE**

To be completed by the designated authority of the school where the student is enrolled and returned to the SDHSAA.

1. Name of Student _____ Date Enrolled _____

2. Student's Current Address _____

3. Student's Date of Birth _____ Student's Age _____

4. Total Semesters of Eligibility Completed. Circle Appropriate Semester(s) and Indicate Year(s).

Semester 1-2, _____ - _____ Semester 5-6, _____ - _____

Semester 3-4, _____ - _____ Semester 7-8, _____ - _____

5. Name and Address of Parent(s) or Legal Guardian(s) _____

6. Please attach all collected documents on behalf of the student as stated in section 2 of the Approval Procedure of the Transgender Procedure.

7. The above information is correct to the best of my knowledge.

Designated School Representative _____ Title _____

Name of High School _____

Address _____ City _____ Zip _____

To be completed by the student and her/his parents(s)/guardian(s).

Certificate of Application: This is to certify that all information herein contained is correct and I understand that ineligibility may result if the information proves to be incorrect through error or misstatement. I further certify that the transfer was not for athletic reasons.

Signature of Parent/Guardian Date Signature of Student Date

RETURN THIS FORM AND DOCUMENTATION IN ITS ENTIRETY TO:

South Dakota High School Activities Association
804 North Euclid, Suite 102
P.O. Box 1217
Pierre, SD 57501

Approved Not Approved Refer to IHO

SDHSAA Executive Director

Date

Transgender Policy Exemption Form

At its November 2014 meeting, the SDHSAA Board of Directors modified language which allows member schools to be exempt from the SDHSAA Transgender Policy due to strongly held religious principles. Specifically, the adopted language is as follows:

SDHSAA Exemption. This policy shall not apply to a private school member of the Association which, because of its strongly held religious beliefs, would be entitled to the exemption provided to educational institutions of religious organizations by USCA Title 20, Section 1681(a)(3). Any school claiming this exemption shall notify the Executive Director, or his/her designee, of such claim in writing on the proper form provided by the Association. The school shall make the claim of exemption at its own risk of litigation and shall hold the Association harmless from any and all actions that may be taken against the Association by a student of the school, or his/her parent(s) or legal guardian(s), who sues the Association over his/her school's right to claim an exemption.

By executing this form and agreeing to this limited indemnity, the school does not waive or limit in any way its Constitutional and statutory rights and its religious freedoms as to the SDHSAA and as to any third party, including students enrolled in the school.

NOTE: It will be necessary to declare this exemption each year.

SDHSAA Member School Information

Name: _____

Superintendent's Name: _____

Superintendent's Signature: _____

School Year: _____

Date Completed: _____

This completed form should be submitted to the SDHSAA Office via email (daniel.swartos@sdhsaa.com) or fax (605-224-9262) no later than 5:00 PM on Friday of week 10 of the NFHS calendar.