2026-2027 JISD Eligibility Waiver Application

(only for students in "advanced courses")

Campus Name: _____ **Sport:** _____ **(Yes)**_____**(No)**_____

First Time Applicant

Student Name (print) _____ **ID #**_____

Grading Period _____ **(1st nine weeks, 2nd weeks, or 3rd nine weeks)**

Number of Waiver Request: 1st Waiver 2nd Waiver 3rd Waiver 4th Waiver
(Max. of 2 per Semester)

The Eligibility Waiver Application must be filled out completely in order to apply for a waiver for UIL/Extracurricular participation. Eligibility Waiver Applications are only considered for "advanced courses" Please adhere to the following.

Application Guidelines

1. According to TEC §74.30, Eligibility Waiver Applications are only to be considered for courses identified as Honors courses such as Honors, UT OnRamps, Advanced Placement, and Dual Credit.
2. A student may only apply for an advanced course waiver if his/her failing grade in an Honors/UT OnRamps/AP/Dual Credit course is 60 or above.
3. A student may receive a maximum of two waivers per semester. **(One waiver = one course)**

Application Process

1. The Eligibility Waiver Application should be submitted to the Academic Dean/Principal, including a parent signature and phone number for verification purposes.
2. The Academic Dean/Principal **shall review and approve or deny** the Eligibility Waiver Application.
3. The Academic Dean/Campus Principal should email the waiver to their Campus Athletic Coordinator.
4. The Student **must** be notified if granted a waiver **prior to** participation in any UIL/Extracurricular activity.

Student & Parent Use Only: The student and parent must address the following areas in a separate attached letter (typed is preferred) addressed to the Academic Dean/Campus Principal:

A. Reasons for failure
B. Plans to improve grade

Student Signature (required): _____ **Date:** _____

Parent/Guardian Signature (required): _____ **Phone:** _____

Teacher Use Only: Grade/Average: _____ **Course Name:** _____

Teacher Comments and/or Suggested Student Improvement Efforts:

_____

I support the student's application for this waiver (Yes) _____ **(No)** _____

Teacher signature (required): _____ **Date:** _____

Principal Use Only: Comments: _____

Principal signature (required): _____ **Date:** _____

Waiver (Granted) _____ **(Denied)** _____

File completed waiver at campus with Athletic Coordinator or Activity Sponsor and Principal.