

SAISD Athletic Residency Waiver

Waiver Request Instructions: To request a San Angelo ISD Athletic Residency Waiver, please complete this form along with the UIL Previous Athletic Participation Form. Return both forms to the Athletic Director's office at 1621 University, San Angelo, TX 76904.

Name of Student: _____

Student's Current Address: _____

If the student is not living with a parent or parents, what is the relationship to the person (s) with whom they are living? _____

Former School: _____ Central High _____ Lake View High

New School: _____ Central High _____ Lake View High

Student participates in what sports:

Reason for changing high schools:

The student is _____ approved _____ not approved to participate in the SAISD Athletic Program at the student's new high school.

Sport (s) approved to participate in: _____

Signature of Athletic Director: _____

Signature of Athletic Coordinator at CHS: _____

Signature of Athletic Coordinator of LVHS: _____