



# New Mexico Activities Association



(passed unanimously at January 24, 2007 Board of Directors Meeting)

## Definition of “Hardship”

The Hardship Review Committee will review eligibility cases which include extraordinary medical, financial or other circumstances that occur or are initiated within the immediate household of the student being petitioned and are deemed to have contributed to non-compliance with specific eligibility rules.

### Extraordinary Circumstances:

- A. Are unforeseeable, unavoidable and uncorrectable on the part of the student and immediate household.
- B. Are not the result of actions by the student.
- C. Bear a direct, causal relationship to the hardship and the student’s inability to meet the specific eligibility criteria.
- D. Are unique to the student and immediate household.

**Note: Extraordinary circumstances are not applicable where it is proven that the move was athletically motivated or there was undue influence on the part of the receiving school.**

### Medical:

- A. A long-confining illness, injury or death that results in:
  - A change of the residence or the school attendance of the student’s immediate household.
  - The significant interruption of the student’s normal progression towards graduation.
- B. Illness, injury or other circumstances of a similar nature must be verified in writing by a licensed health professional.

### Financial:

- A. Changes in financial condition which are permanent, substantial and significantly beyond the control of the student or the student’s immediate household.
- B. Documentation verifying the financial circumstances must be submitted with the petition.



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## **TRANSFER RULE HARDSHIP PETITION**

**PURPOSE OF FORM:** This form is used only to request a WAIVER OF THE TRANSFER RULE (i.e., student enrolls and attends one or more classes then changes enrollment to/from one school to another school) based upon hardship circumstances.

**APPLICABLE NMAA BYLAWS:**

**Rule 6.5.2 Transfer:** A transfer Student is a Student who chooses to attend a high school outside his/her designated attendance zone or who resides with someone other than Parent(s) after his/her initial open enrollment choice, or returns to his/her home district school after an open enrollment choice. Student is ineligible for varsity competition for 180 school days/365 calendar days.

**Rule 6.6.2 A. 8. Hardship:** In individual cases, the NMAA Hardship Review Committee may, at its discretion and upon such terms and conditions as it may impose, waive or modify the Transfer Rules (Section VI) when, in its opinion, enforcement of the rule would work an undue hardship upon the student.

**NOTE:** This form must be received in the NMAA Office **no later than 1 week prior** to an NMAA Hardship Review Committee meeting date.

Complete and mail all sections of this form, along with all additional documentation and Forms A, B and C, to the NMAA office. Rulings on hardship eligibility requests will be communicated by phone within 24 hours of hearing.

The receiving school is responsible for originating and processing Forms A, B (or school transcripts) and C and the Transfer Rule Hardship Petition, as well as obtaining Verification of Reason for Transfer from the sending school (see Section I).

### **HARDSHIP PETITION INFORMATION**

#### **To be completed by RECEIVING SCHOOL**

Submit the following documentation with this form:

1. Forms A, B and C.
2. Current class schedule (student must be enrolled and attending classes).
3. **Hardship** – Documentation that establishes hardship, including, but not limited to medical documentation, court documents, income tax returns, current earnings statement, list of monthly expenditures, financial information, etc. All documentation to be considered for establishment of hardship must be provided at the time of the initial petition. Additional documentation after ruling will not be accepted.
4. Section I to be completed by sending school and mailed back to receiving school to be part of this application.
5. Section II to be completed by parents or guardians and student.
6. Section III to be completed by receiving school staff.

**NOTE:** **This application must be completed and submitted before the Hardship Review Committee can rule on the petition.**

The **VERIFICATION BY SENDING SCHOOL** shown below, which is a part of the Transfer Rule Appeal Form, is to be completed by the sending school (school previously attended) and returned to the receiving school (school of enrollment).

.....  
NAME OF STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

SENDING SCHOOL: \_\_\_\_\_

The above named student has requested a hardship petition to waive the Transfer Rule because of \_\_\_\_\_ (i.e., financial, disabling illness, etc.). In order to provide the NMAA Hardship Review Committee with any pertinent information available, please complete and return this form to: \_\_\_\_\_ no later than \_\_\_\_\_.  
(Receiving School) (Date Required)

.....  
**Section I - To be completed by SENDING SCHOOL**

**VERIFICATION BY SENDING SCHOOL**  
**(REASON FOR TRANSFER)**

This portion of the form is to be completed by the sending school (school previously attended) and returned to the receiving school (school of enrollment). Please include any and all information, which may assist at the student's hardship appeal hearing.

\_\_\_\_\_ attended \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
(Name of Student) (Name of School)

- Based on my knowledge, the reason for transfer was:
  
- Has this transfer student, parents or guardian ever expressed concern regarding athletic participation?  
( ) Yes ( ) No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Do you believe the reason for this transfer is in any way related to athletic participation?  
( ) Yes ( ) No

**Section I - To be completed by SENDING SCHOOL – Cont'd**

- Was the reason for transfer due to a situation that could not be corrected by your school?  
( ) Yes      ( ) No

If Yes, reason why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Did you address the reason for student transfer? Please list steps you took to correct student's reason for transfer.  
( ) Yes      ( ) No

- If the reason for the transfer indicated above was "financial", please respond to the following:  
Did student apply for financial aid?  
( ) Yes      ( ) No

If yes, was financial aid awarded and how much? Please provide copy of financial aid request document including how much was awarded and for how long the aid was awarded.

***PLEASE ADD ANY ADDITIONAL INFORMATION YOU BELIEVE IS IMPORTANT FOR THE HARDSHIP COMMITTEE TO CONSIDER REGARDING THIS STUDENT.***

**NOTE: Attach additional materials if needed.**

\_\_\_\_\_  
**PRINCIPAL'S SIGNATURE                      (DATE)**

**Section I – To be filled out by SENDING SCHOOL’S COACHES – Cont’d**

**SPORT:** \_\_\_\_\_

Have the transfer student, parents or guardian expressed concern to you or any member of your staff regarding their son or daughter’s:

- Status on the team  
( ) Yes ( ) No

- Playing time  
( ) Yes ( ) No

- Status of program  
( ) Yes ( ) No

- Philosophy of coach  
( ) Yes ( ) No

- Philosophy of athletic program  
( ) Yes ( ) No

- Do you believe the reason for this transfer is in any way related to athletic participation?  
( ) Yes ( ) No

Explain any yes answer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**COACH’S SIGNATURE**

\_\_\_\_\_  
**DATE**

**Section II - To be completed by PARENT or GUARDIAN**

I understand the transfer rule as outlined in Section VI of the NMAA Bylaws. My son/daughter's school principal/athletic director has clearly explained the procedures for petitioning under hardship.

I verify that the following information is correct and I realize that any falsification of the application will result in my son/daughter losing high school athletic eligibility.

\_\_\_\_\_  
**Signature of Father/Legal Guardian      Date      Signature of Mother/Legal Guardian      Date**

\_\_\_\_\_  
**Signature of Student      Date      Contact Telephone Numbers/E-Mail Address**

\*\*\*\*\*

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Current School: \_\_\_\_\_ Age: \_\_\_\_\_

School from which you have transferred: \_\_\_\_\_

Number of semesters in high school: \_\_\_\_\_ Previous semester's GPA: \_\_\_\_\_

Other schools student has attended beginning in the 9<sup>th</sup> grade: \_\_\_\_\_

Units passed previous semester: \_\_\_\_\_

Sports in which you plan to participate: \_\_\_\_\_

\_\_\_\_\_

Describe below how this hardship eligibility request applies to Rule 6.5.2, Transfer Student in Good Standing. (If additional space is required, use blank paper and attach to this form).

If financial hardship existed, did you request financial assistance?  
( ) Yes                      ( ) No

If yes, how much financial assistance was granted? \_\_\_\_\_

**Section II - To be completed by PARENT or GUARDIAN - Cont'd**

Please complete the following questions:

1. My son/daughter is seeking to avoid or nullify the effect of a penalty at his/her previous school that relates to discipline or sports eligibility.  Yes  No
2. My son/daughter has been approached by athletic personnel or other individuals with the intent of encouraging their transfer to school of application.  Yes  No
3. I, as the parent or legal guardian of the applicant, have been approached by athletic personnel or other individuals, e.g. booster club members, with the intent of encouraging their transfer to school of application.  Yes  No
4. My son/daughter is following a coach to another school where the coach has transferred.  Yes  No
5. My son/daughter seeks to participate with teammates or coaches with whom he/she participated in non-school competition during the preceding twelve months.  Yes  No
6. My son/daughter is receiving financial aid from an individual or group associated with the school of transfer.  Yes  No
7. My son/daughter has received a questionnaire card or letter encouraging my child's transfer to the school of application.  Yes  No
8. My son/daughter has been given an item from a coach or school personnel who represents the school of transfer.  Yes  No
9. Have you ever expressed to the coach concerns regarding your son or daughter's status on the team, coaching philosophy, performance of coach on team?  Yes  No
10. Have you informed the principal or athletic director of any concerns you may have regarding your son or daughter's status on the team?  Yes  No
11. Have you requested assistance from any member of the school administration regarding issues and concerns regarding your son or daughter's educational experience at their school?  Yes  No

**Section III - To be completed by the STAFF OF THE RECEIVING SCHOOL**

As a high school administrator and coach of an NMAA member school, I realize that recruiting and or undue influence is unethical, unprofessional and completely against the rules and regulations established for high school sports.

Reference:

- Section VI Eligibility (Bylaws)
- Rule 6.1.2 Transfer of Students for Athletic Purposes Prohibited
- Rule 6.1.3 Undue Influence

I also realize that disciplinary action can be taken by the NMAA Executive Board for making contact or encouraging a student who does not reside in my schools' attendance zone to transfer. I also realize that these restrictions apply to booster clubs and any other individual who would contact a student for the sole purpose of encouraging a student to attend a specific school.

I realize that this type of contact can jeopardize my coaching position and the eligibility of the student and the team in which the student is a team member.

I also understand that any falsification of this document will jeopardize the team in which the applicant is a member and my future as a coach at any high school in the state of New Mexico.

I fully understand the philosophy of the NMAA as it relates to recruiting and verify that there has been no attempt to recruit the applicant to transfer schools for the purpose of participating in an athletic program.

**NOTE: This form must be read and signed by the principal, athletic administrator, and all coaches involved in the program in which the transfer student intends to participate.**

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL DATE

\_\_\_\_\_  
SIGNATURE OF ATHLETIC ADMINISTRATOR DATE

\_\_\_\_\_  
CONTACT NUMBERS/E-MAIL ADDRESSES

**Section III – To be filled out by RECEIVING SCHOOL’S COACHES – Cont’d**

All coaches of sports listed in **Section II** of this application form must sign below. This would include assistants, volunteers and head coaches. Please read Section III before signing this document.

**SPORT:** \_\_\_\_\_

\_\_\_\_\_  
Head Coach

\_\_\_\_\_  
Assistant Coach

\_\_\_\_\_  
Assistant Coach

\_\_\_\_\_  
Assistant Coach

\_\_\_\_\_  
Assistant Coach

\_\_\_\_\_  
Volunteer Coach

\_\_\_\_\_  
Volunteer Coach

\_\_\_\_\_  
Assistant Coach

\_\_\_\_\_  
Assistant Coach

\_\_\_\_\_  
Assistant Coach

\_\_\_\_\_  
Assistant Coach

\_\_\_\_\_  
Volunteer Coach

\_\_\_\_\_  
Volunteer Coach

.....  
**SPORT:** \_\_\_\_\_

\_\_\_\_\_  
Head Coach

\_\_\_\_\_  
Assistant Coach

\_\_\_\_\_  
Assistant Coach

\_\_\_\_\_  
Assistant Coach

\_\_\_\_\_  
Assistant Coach

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Volunteer Coach

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Volunteer Coach

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Assistant Coach

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Assistant Coach

\_\_\_\_\_  
Volunteer Coach

\_\_\_\_\_  
Volunteer Coach