



WYOMING HIGH SCHOOL ACTIVITIES ASSOCIATION
**Registration Form for a Foreign Exchange Student/
 International Student**

[Print or type in English and give to principal of U.S. school you attend.
 Completion of form does not guarantee eligibility for high school sports in the U.S.]

Name of Member School _____ Mailing Address _____

City _____ State _____ Zip Code _____ Telephone Number _____

1. General Information

A. Personal Background

Student's full name (as it appears on passport/birth certificate): _____

Permanent address (in home country): _____

Individuals living at permanent address: __ Father __ Mother __ Other (list by relationship): _____

Telephone number (including country code): _____ Date of Birth ____/____/____
 Month Day Year

Father's name: _____ Current Employer: _____

Mother's name: _____ Current Employer: _____

B. Educational Background

1. Attendance at all schools (U.S. and International)

	First Secondary School	Second Secondary School	Third Secondary School (if any)	Fourth Secondary School (if any)
School Name and Address				
City, State and Country				
Telephone Number				
Headmaster/Principal				
Dates of Attendance				
Grades Attended				
Diplomas				
Who paid for this education?				

2. Eligibility Verification

A. Transportation to the U.S.

Date and location first entered United States: _____

Describe arrangements for trip, including who made the arrangements: _____

Who paid for the airline flights? _____

B. Student Status (Complete the applicable section)

1. Foreign Exchange Student

A foreign exchange student is an international student who attends high school in the U.S. under the auspices of an established exchange program.

Name of program: _____

VISA classification? ___ J-1 ___ Other (_____) Visa validity dates _____

Local exchange program representative monitoring student. _____

Address: _____ Telephone: _____ E-mail _____ Fax: _____

List steps taken by student and program representative from first contact to final selection, to select and place student (including all dates and purposes of contacts). _____

Name of host family: _____

Address: _____ Telephone Number: _____

Relationship of host family to the student: _____

Relationship between any host family member and the high school and/or its athletic programs: _____

Date student completed home country's secondary education or its equivalent: ___ Month ___ Year

Number of semesters of secondary school attendance or its equivalent _____

Last date student attended secondary/high school in home country: _____

Proceed to Item 3

2. International Student

An international student is a student whose home is in another country but who attends a school in the U.S. outside the auspices of an established exchange program.

VISA classification? ___ F-1 ___ Other _____ Visa validity dates: _____

List steps taken by student to come to the U.S. List dates, persons contacted and purposes of all contacts:

Name of person(s) with whom student resides in U.S.: _____

Address _____ Telephone: _____ E-mail _____ Fax: _____

Relationship of student to this person(s): _____

Relationship of this person(s) to the high school that student attends and/or its athletic program: _____

Name of legal guardian/adoptive parent (if any): _____

Was the legal guardian/adoptive parent appointed by a court in the U.S.? Yes ___ No ___

Did the guardian/adoptive parent move to the U.S. with the student? Yes ___ No ___

Did student's parents move to the U.S. with the student? Yes ___ No ___

Date student completed home country's secondary education or its equivalent: _____Month _____Year

Number of semesters of secondary school attendance or its equivalent _____

Last date student attended secondary/high school in home country: _____

Did student attend part or all of one or more semesters of home country's terminal grade for secondary/high school?
___Yes ___No

C. Arrangements for Attending School in the United States

How and by whom was the school the student attends selected? _____

Is the student living in a school dormitory? Yes ___ No ___ If yes, location: _____

Why was this school selected for this student? _____

Explain what involvement the student had in his/her placement in a U.S. high school: _____

Did the student have U.S. contact prior to placement in a U.S. high school? _____Yes _____No

If yes, list persons and describe contact(s) _____

Does the student receive financial aid to pay for school attendance costs in the U.S.? Yes ___ No ___

If yes, list the source, amount and conditions for receiving all such aid: _____

What means of support, other than financial aid, does the student have? _____

What independent agency determined the student's eligibility for financial aid? _____

Does the student pay tuition as required by Section 625 of U.S. Public Law 104-208? Yes ___ No ___

Who was the student's first contact with at the U.S. high school? _____

When was it? _____

When did the student first communicate with any coach at any U.S. high school? _____

Who were the most influential people in the student's placement at the U.S. high school? _____

3. High School/College Athletics Interest/Contact

Has the student ever:	Yes	No	If Yes, list persons and institution they represent
Communicated with any coach or other person about athletics participation in the U.S?			
Discussed prospective athletic participation in the U.S. with any coach or other person in home country other than parents?			
Communicated with any agent, or other sports representative or consultant about athletics participation in the U.S?			
Discussed sports participation in the U.S. with any corporate representative?			

Attended any sports camp in U.S. [If yes, list] _____

4. Athletic Participation Data

List All Organized Competition

Year	Name of Team	Head Coach	Location	Division	Sport

A. Awards and Benefits

Has student ever:	Yes	No	If Yes, Explain
Been provided lodging by a sports team or program?			
Received money for participation in competition?			
Received merchandise or other items of benefit for participation in competition?			
Received payment of education expenses for secondary/high school from a sports team or related organization?			
Signed or orally entered any type of agreement with a team or agent or other representative for any reason?			
Competed on a team or against a team that had players who were being paid in excess of expenses of their participation?			
Agreed to provide any individuals with money in the future for assistance in the past?			

5. Requested Attachments

Attach the following:

- a. A copy of student’s birth certificate or passport;
- b. A copy of student’s certificate of health insurance issued by a U.S. company;
- c. A copy of student’s immigration documents including his/her visa;
- d. A copy of the student’s official untranslated transcript;
- e. A copy of an English translation and analysis of the student’s transcript(s) by an acceptable agency;
- f. A copy of all application forms from the student to the sponsoring agency;
- g. A copy of information about the sponsoring agency including, but not limited to, its previous involvement in sponsoring exchange students;
- h. Identification of all criteria used by the sponsoring agency to place the student with the host family;
- i. A copy of the student’s identification card from the sponsoring agency; and

Foreign Exchange/ International Student-Athlete’s Affirmation

By signing below, I _____ affirm that I have completed and reviewed
(Print Student Athlete’s Name)

the responses to the questionnaire above and agree that the information is correct. I understand that if I knowingly have given false or misleading answers to these questions, I will jeopardize my eligibility for participation in interscholastic athletics.

Signed: _____ **Date:** _____

As per WHSAA Rules 6.4.2(g) and 1.4.1, this form must be completed and filed with the WHSAA office and approval granted before Foreign Exchange or International Students can be eligible for interscholastic competition.

SCHOOL _____

Signature of Superintendent / Principal _____

This Request is _____ Approved _____ Denied

WHSAA Commissioner _____ Date _____

Commissioner’s Comments:
