APPLICATION FOR VHSL TRANSGENDER APPEALS

(This Form May Be Duplicated)

Appellant must provide copies of all materials to the appropriate committee on the date of the hearing as follows –

District Committee, 4 sets; Associate Director, 6 sets; Independent Hearing Officer, 2 sets

SECTION A – To be completed by Principal Student Name **High School** The school principal is expected to provide a current transcript and school registration information along with this application. For what VHSL sport or activity does this student want eligibility? □ A.□ B.□ C. Does this student's situation meet one of the criteria for waiver? If so, check the proper reference. I support this request for waiver, and the above information is correct. Further, I believe that this student's gender identity is bona fide and not for the purpose of gaining an unfair advantage in competitive athletics. Signature - Principal Date **Daytime Phone** I do not support this request for waiver; however, the above information is correct. Signature - Principal **Daytime Phone** SECTION B - To be completed by Parent (Guardian) and Student Parent(s) Name **Daytime Phone** Address Home Phone City Street State Zip **Email Address** Daytime Fax Written Documentation For This Application A written statement from the student affirming the Written verification from an appropriate health-care professional consistent gender identity and expression of which the (doctor, psychiatrist, and psychologist) of the student's consistent student relates; gender identification and expression; and Documentation – preferably no more than one or two Any other pertinent documentation or information which the letters – from individuals such as, but not limited to parents, student or parent(s) believe relevant and appropriate. friends and/or teachers, which affirm that the actions, attitudes, dress and manner demonstrate the student's NOTE: The VHSL discourages submission of documents providing consistent gender identification and expression; medical or psychological information that is unrelated to a student's A complete list of all the student's prescribed, nongender identity and/or transgender transition. prescribed or over the counter, treatments or medications; I understand and agree that in order to process this appeal, the school district and the Virginia High School League must be able to exchange and review the relevant educational and other records regarding my child/ward. I hereby release and grant consent to the reviewing parties under FERPA and other state and federal law to exchange and review such records. In doing so, I understand that the information so exchanged and released will be kept confidential by the school district and the League, and will be used only for the purposes of reviewing and deciding this appeal unless I consent in writing to its public release. We certify all information is accurate and understand that ineligibility may result if the information is incorrect. ■ I DO wish to be present at the District Committee Hearing. I DO NOT wish to be present at the District Committee Hearing.

Signature - Student

Date

Date

Signature - Parent/Guardian