

Southern Illinois Jr. High School Athletic Association
Certified Employee Tuition Waiver Form
(Full-Time Educator or Administrator)

Date Filed: _____

Student's Name: _____

Grade: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Previous School Attended: _____

Address: _____

City: _____ State: _____ Zip: _____

School Where Parent Employed: _____

Address: _____

City: _____ State: _____ Zip: _____

Employed Parent's Name: _____

(Printed)

Employed Parent's: _____

(Signature)

Receiving School Superintendent: _____

(Printed)

Receiving School Superintendent: _____

(Signature)

***This form along with the ISBE Transfer Form must be on file in the receiving school's Superintendent's office by July 1 of the upcoming year of attendance. Late hires have a deadline of September 1 of the upcoming year of attendance.**

