INDIVIDUALIZED EDUCATION PROGRAM/504 PLAN WAIVER REQUEST

The purpose of this form is to establish the authenticity of an IEP or 504 Plan and simplify the educational process. The MSCHA Board of Director has established criteria for such request. The completion of this form is necessary for approval to participate in league play. This form must be completed and signed in each of the sections below by the appropriate authority. The Application deadline is October 1st of the current year.

1. MSCHA Club Request: I, _____ an authorized representative of _____Hockey Club request that player _____ be given a waiver to MSCHA Rule 7-G-4 Scholastic Eligibility. I further understand that this request must be submitted by October 1st of the current year.

_____ _____
Authorized Representative/Date Parent/Date

2. **INDIVIDUAL EDUCATION PROGRAM/504 PLAN CERTIFICATION PLAN**

Currently, _____ is a student at _____ And under my supervision. He/She has an Individual Evaluation and Eligibility Determination. In conjunction with this School District, he/she has received an Individualized Education Plan (IEP) or a 504 Plan. I certify that favorable progress is being made in the specific program. If you have any questions, feel free to contact me at _____.

_____
Authorized Representative/Date

Expiration Date of Current IEP_____
(Note) If Expiration Date is changed, MSCHA must be notified within 5 business days.

Or
Effective Date of 504 Plan: _____

3. Attach a copy of Student's most recent Report Card.

4. Send completed form and grade card by mail or email.

Midstates Club Hockey Assn.
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