

### OHIO HIGH SCHOOL ATHLETIC ASSOCIATION

**Doug Ute, Executive Director** 

## School Checklist for Use with Bylaw 4-7-2 Exception One – Parents' Bona Fide Move into a New Public School District – 2021-2022

## NOTE: THIS FORM IS NOT REQUIRED. ONLY TO BE USED AS A TOOL TO ASSIST SCHOOL ADMINISTATORS, IF DESIRED.

#### Initial Actions to Conduct Upon Notification of a Transfer Student's Desire to Participate

1.	Date Ad	ministrator Initially Notified of Transfer Student's Desire to Participate:
2.	Review	Intent to Participate Form (if applicable). Describe anything of note:
<b>3</b> .	Date Ad NOTE: To from the	e and Review Initial Enrollment Documents:
Arrang	je a Mee	ting with Parent(s)
1.	Date of	appointment between Athletic Administrator and Parent(s):
Par		Student is a transfer student and is currently ineligible at all levels beginning with the second 50% of the MAXIMUM ALLOWABLE VARSITY regular season contests in any sport he/she participated in within the past 12 months.  Family must reside in the District for one calendar year after transfer is approved.  Home visits will occur periodically to verify residency  Driver's license and voter registration must be updated to show current address prior to filling out affidavit  Lease (if renting) or deed (if purchasing) for residence must be provided to school to keep on file  Parents asked about marital status:
		Parent informed that written statement of circumstances describing why the entire family did not make the move must be included with the Affidavit of Bona Fide Residence.  Parents asked about reason for the move:  Notes:



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		Affidavit of Bona Fide Residence explained in detail; Parents asked if they understand the Affidavit and have any questions; When applicable, both parents sign the instruction sheet.
		Parents informed of where Affidavit may be notarized (offer District resources)
2.	Date Aff	idavit returned into the Athletic Office:
		<ul> <li>□ ABFR checked for completeness</li> <li>All blank lines filled in</li> <li>Initials where applicable</li> <li>Circles where applicable</li> <li>Properly notarized</li> <li>Where applicable, written explanation of why entire family did not move/why all possessions have not been moved from previous residence.</li> <li>Note missing/incomplete items</li> </ul>
3.	Date Pa	arent informed of missing/incomplete items (if applicable):
		New ABFR checked for completeness (see above)  -Or- Missing documentation submitted to Athletic Office
4.	Affidavi	t Deemed complete. Date:
Initial	Residen	cy Check Performed
1.	(Note: N	Initial Home Visit: flust be performed and residency verified before ABFR can be submitted to OHSAA)
2.	Eorm of	ampleted by:
۷.	i oilli cc	ompleted by: on School Employee Name Date
3.	ABFR s	ubmitted to OHSAA. Date:
4.	Student	approved or denied. Date:

PLEASE DO NOT SEND THIS CHECKLIST TO THE OHSAA