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 ADMINISTRATORS, IF DESIRED.

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

1. Date Administrator Initially Notified of Transfer Student's Desire to Participate: __________________

2. Review Intent to Participate Form (if applicable). Describe anything of note: ____________________________

3. Retrieve and Review Initial Enrollment Documents:
   - Verify District Residence – Address is __________________________________________________________
   - Custody Status Checked. Student is in the custody of ____________________________________________
     and is living with __________________________________________________________________________
   - Copy of either lease or deed for new residence

4. Date Administrator contacted former school to verify athletic participation within the past 12 months: ______________
   NOTE: This is only a requirement if the student claims he/she did not participate in a sport in the past 12 months. If you get written verification from the former school that the student, in fact, did not participate then the student has NO transfer consequence and is immediately eligible (in regards to transfer). No transfer paperwork needs to be submitted to this office.

Arrange a Meeting with Parent(s)

1. Date of appointment between Athletic Administrator and Parent(s): ________________________________

Parents informed that:
   □ 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:
     o If parents are still married but only one parent made the move, and/or if all members of the household did not make the move, situation is discussed.
     Notes:____________________________________________________________________________________
     O 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:____________________________________________________________________________________
2. Date Affidavit returned into the Athletic Office: ________________________________

☐ ABFR checked for completeness
   ____ All blank lines filled in
   ____ Initials where applicable
   ____ Circles where applicable
   ____ Properly notarized
   ____ Where applicable, written explanation of why entire family did not move/why all possessions have not been moved from previous residence.
   ____ Note missing/incomplete items

3. Date Parent informed of missing/incomplete items (if applicable): ________________________________

   ____ New ABFR checked for completeness (see above)
   -Or-
   ____ Missing documentation submitted to Athletic Office

4. Affidavit Deemed complete. Date:________________________________

Initial Residency Check Performed

1. Date of Initial Home Visit: __________________________
   (Note: Must be performed and residency verified before ABFR can be submitted to OHSAA)

   Notes:________________________________________________________________________________________________________
   ____________________________________________________________________________________________________________
   ______________________________________________________________________________________________________________
   ______________________________________________________________________________________________________________
   ______________________________________________________________________________________________________________
   ______________________________________________________________________________________________________________

2. Form completed by: ____________________________ on _________________________
   School Employee Name Date

3. ABFR submitted to OHSAA. Date: ________________________________

4. Student approved or denied. Date: ________________________________

   PLEASE DO NOT SEND THIS CHECKLIST TO THE OHSAA