



**INSTRUCTIONS FOR COMPLETING COMBINING OF MIDDLE SCHOOLS REQUEST (BYLAW 1-6-4) – 2020-2021**

**SUPERINTENDENTS:** Please complete this form and return it via an email attachment to, Dr. Debbie Moore ([dmoore@ohsaa.org](mailto:dmoore@ohsaa.org)) or Ms. Roxanne Price ([rprice@ohsaa.org](mailto:rprice@ohsaa.org)). This form must be submitted **after tryouts are concluded but prior to each sports season** if the school district wishes to combine schools for the purpose of interscholastic athletics participation. Any approval granted is for **2020-2021** only.

1. Name of Requesting School District/System: \_\_\_\_\_  
Sports Season: Fall  Winter  Spring

2. Names of Member Schools Being Combined:  
1. \_\_\_\_\_ I confirm this is an OHSAA member school (circle one): Yes / No  
2. \_\_\_\_\_ I confirm this is an OHSAA member school (circle one): Yes / No  
3. \_\_\_\_\_ I confirm this is an OHSAA member school (circle one): Yes / No

3. Total Number of Students from Each School Involved in the Sport(s):

<u>Sport</u>	<u>School 1</u>	<u>School 2</u>	<u>School 3</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Total Number of Boys and/or Girls in Each Grade of Each School

	<u>School 1</u>	<u>School 2</u>	<u>School 3</u>
7 <sup>th</sup> Grade Boys:	_____	_____	_____
8 <sup>th</sup> Grade Boys:	_____	_____	_____
7 <sup>th</sup> Grade Girls:	_____	_____	_____
8 <sup>th</sup> Grade Girls:	_____	_____	_____

5. Sport(s) in Which the Combined Teams Will Compete:

<u>Sport</u>	<u>Number of Teams for Sport</u>
_____	_____
_____	_____
_____	_____

6. If requesting to form *more than one team* in a given sport, please provide the rationale for doing so:  
\_\_\_\_\_  
\_\_\_\_\_

7. School Name Under Which the Team(s) will Compete (**MUST be Name of One of the Member Schools Represented in Combination**):  
\_\_\_\_\_

8. Name and Contact Information of Principal or Administrator (If Different than Principal) Responsible for Conduct and Operation of Each Combined Team:  
\_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Email: \_\_\_\_\_

For Office Use Only:	Approve <input type="checkbox"/>	Deny (See Information Included) <input type="checkbox"/>
Signature of OHSAA compliance Staff Member	Date: _____	