



# OHIO HIGH SCHOOL ATHLETIC ASSOCIATION

Doug Ute, Executive Director

## INSTRUCTIONS FOR COMPLETING BYLAW 4-4-1 EXCEPTION 2 & BYLAW 4-4-5 EXCEPTION 1 – 2022-23

Exception 2 to Bylaw 4-4-1 and Exception 1 to Bylaw 4-4-5 allows the Executive Director's Office to waive the scholarship requirement in the immediately preceding grading period for a student who was physically withdrawn or removed from school because of circumstances due to personal accident, illness or family hardship. **PER THE BYLAW, THIS FORM MUST BE COMPLETED BY THE SCHOOL PRINCIPAL.**

Please complete this form and return it to the OHSAA office via email attachment, Attn: Ms. Kristin Ronai ([kronai@ohsaa.org](mailto:kronai@ohsaa.org)). The student shall be held accountable to the scholarship requirement until a ruling is provided by the OHSAA office.

1. Name of Student: \_\_\_\_\_ Gender: \_\_\_\_\_

2. 2022-2023 Grade Level of Student: \_\_\_\_\_

3. Grading Period Student Failed to Meet Scholarship Requirement (Select One):

\_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup>

4. Reason Student Failed to Meet Scholarship Requirement (Select One):

\_\_\_\_\_ Personal Accident \_\_\_\_\_ Illness \_\_\_\_\_ Family Hardship \_\_\_\_\_ Other

5. Provide a written narrative outlining why the student was withdrawn/removed from school or forced to take a reduced course load because of circumstances due to personal accident, illness or family hardship (Use additional sheets as necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Attach a copy of the following documentation:

- A. The student's attendance reports from the grading period in question.
- B. Medical or other documentation dated contemporaneous with the student's withdrawal/removal from school that supports the application of this exception.

### SCHOOL ADMINISTRATOR ACKNOWLEDGEMENT

*I hereby acknowledge that the responses on the above are accurate and correct, to the best of my knowledge.*

\_\_\_\_\_  
Print Name-School Principal

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FOR OHSAA OFFICE USE ONLY: Date of Decision - \_\_\_\_\_

APPROVED

DENIED

Reviewed By: \_\_\_\_\_