



OHIO HIGH SCHOOL ATHLETIC ASSOCIATION

Doug Ute, Executive Director

INSTRUCTIONS FOR COMPLETING EXCEPTION 10, DEATH IN IMMEDIATE FAMILY, REQUEST- 2025-26

SCHOOL ADMINISTRATORS: Please complete this form and return it, **along with the required documentation** (see item 3), to the OHSAA office via an email attachment, Attn: Ms. Kristin Ronai (kronai@ohsaa.org). The student(s) will continue to be held accountable to the transfer consequence (i.e. sitting after the first 50% of maximum allowable regular season varsity contests and OHSAA tournament in all applicable sports) until a ruling is provided by the OHSAA office.

1. Requesting School Information:

Date of Request _____

School Name: _____

Administrator Name: _____ Title: _____

Email Address: _____

2. Student Information:

Student Name: _____ Grade: _____ Gender: _____

Current Address: _____

Name of School from which Student Transferred: _____

Transfer Date: _____ (Date First Attended New School)

Sports Competed in During 12 Months Preceding Transfer: _____

3. Application Information:

Name of family member who passed away: _____

Relationship to Student Athlete: _____

Date of Death: _____

Has the student made a recent move as a result of this death? ☐ YES ☐ NO

If yes, please explain details:

- ☐ Please attach evidence of the death of the immediate family member with whom the student was residing including the date of that death (May include death certificate, obituary, etc.)
- ☐ Please attach written affirmation from former school Superintendent/Head of School that the transfer is necessary to protect the student's physical and/or mental well-being.

FOR OHSAA OFFICE USE ONLY:

☐ Ex. 11 Approved by
Executive Director's Office

☐ Ex. 11 Denied by
Executive Director's Office

Reviewed By: _____

Date of Decision: _____