



# OHIO HIGH SCHOOL ATHLETIC ASSOCIATION

Doug Ute, Executive Director

## INSTRUCTIONS FOR COMPLETING EXCEPTION 11, DEATH IN IMMEDIATE FAMILY, REQUEST- 2023-24

**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: \_\_\_\_\_