

OHIO HIGH SCHOOL ATHLETIC ASSOCIATION

Doug Ute, Executive Director

INSTRUCTIONS FOR COMPLETING ADULT CRIMINAL BEHAVIOR EXCEPTION REQUEST- 2023-24

SCHOOL ADMINISTRATORS: This form is to be completed by the school to which the student transferred (the "receiving school"). It is the responsibility of the receiving school to work with the parents and the sending school to obtain all of the required documentation listed in item #8.

If a parent/student approaches a school administrator and informs them that they have never filed a formal complaint with the former school then this will disqualify the student from using this exception.

	n the required documentation (see item 8), to ue to be held accountable to the transfer consequences goes provided by the OHSAA office.					
. Name of Student(s):			Date of Request:			
2. Gender of Student(s):						
3. 2023-24 Grade Level of Stude	nt(s):					
4. Sport(s) Competed In During 12 Months Immediately Preceding Transfer:						
5. Transferring From:			High School			
6. Transferring To:			High School			
7. Date of Transfer:	(DATE FIRST ATTENDED)					
8. Request copies of the following documentation:						
A written narrative detailing the alleged adult conduct directed specifically towards the student.			☐ Attached	□ Unavailable	□ N/A	
Reports dated contemporaneously to the time of the criminal investigation or the otherwise "reportable" event which required a mandatory reporter to report the event to the proper legal authorities.			☐ Attached	□ Unavailable	□ N/A	
Documented evidence of the medical treatment and/or mental health treatment the student obtained because of the physical harm and/or severe emotional distress caused by the alleged adult bad behavior.			☐ Attached	□ Unavailable	□ N/A	
If the adult is a coach, a written narrative disproving the assumption that the transfer is due to the student/family's displeasure with a former coach's training tactics and/or the student's playing time.			☐ Attached	□ Unavailable	□ N/A	
SCHOOL ADMINSITARTOR ACKNOWLEDGEMENT						
nereby acknowledge that the responses on the above are accurate and correct, to the best of my knowledge.						
t Name School Administrator Signature						
FOR OHSAA OFFICE USE ONLY: Date of Decision						
☐ APPROVED	☐ DENIED Please see attached letter.	Reviewed By:			_	