



OHIO HIGH SCHOOL ATHLETIC ASSOCIATION

Doug Ute, Executive Director

INSTRUCTIONS FOR COMPLETING ELIGIBILITY REQUEST UNDER BYLAW 4-7-6/4-7-7 – 2023-24

SCHOOL ADMINISTRATORS: Please complete this form and return it to the OHSAA office via an email attachment, Attn: Ms. Kristin Ronai (kronai@ohsaa.org) **no later than the 15th day of the school year** for which the students have transferred.

NOTE: The Executive Director's Office may request copies of the student's class schedule/transcript to verify any change in academic program request.

1. School TO which student(s) is transferring: _____ **Date of Request** _____

School _____

District/System _____ First Day of School Year/New Semester _____

2. Student(s) Information

(If greater than the number of slots below, please attach a separate page containing the information of all students involved):

Student #1 Name _____ **Grade** _____ **Date First Attended** _____

School FROM which Student Transferred _____

I certify that this transfer is NOT being done for athletic reasons: _____ **(Superintendent Initials)**

Detailed Reason for Transfer _____

Student #2 Name _____ **Grade** _____ **Date First Attended** _____

School from which Student Transferred _____

I certify that this transfer is NOT being done for athletic reasons: _____ **(Superintendent Initials)**

Detailed Reason for Transfer _____

Student #3 Name _____ **Grade** _____ **Date First Attended** _____

School from which Student Transferred _____

I certify that this transfer is NOT being done for athletic reasons: _____ **(Superintendent Initials)**

Detailed Reason for Transfer _____

Superintendent Signature (or designee): _____

Print Name: _____ **Email Address:** _____

FOR OHSAA OFFICE USE ONLY

☐ Student #1 Approved

☐ Student #2 Approved

☐ Student #3 Approved

☐ Student #1 Denied*

☐ Student #2 Denied*

☐ Student #3 Denied*

Reviewed By: _____

Date of Decision: _____