INSTRUCTIONS FOR COMPLETING ELIGIBILITY REQUEST UNDER BYLAW 4-7-6/4-7-7 – 2021-22

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 __________________

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____________________________________________________________
   Detailed Reason for Transfer______________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

   Student #2 Name ___________________________ Grade___________ Date First Attended___________
   School from which Student Transferred__________________________________________________________
   Detailed Reason for Transfer______________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

   Student #3 Name ___________________________ Grade___________ Date First Attended___________
   School from which Student Transferred__________________________________________________________
   Detailed Reason for Transfer______________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

Superintendent Signature (or designee): __________________________________________________________
Print Name: ___________________________________________ Email Address: ______________________________

FOR OHSAA OFFICE USE ONLY

☐ Student #1 Approved   ☐ Student #1 Denied*   Reviewed By: __________________________
☐ Student #2 Approved   ☐ Student #2 Denied*   Signature: __________________________
☐ Student #3 Approved   ☐ Student #3 Denied*   Date of Decision: __________________
*See attached letter for any denials