



OHIO HIGH SCHOOL ATHLETIC ASSOCIATION

Doug Ute, Executive Director

INSTRUCTIONS FOR COMPLETING EXCEPTION 5, TRANSFER BACK TO A NON-PUBLIC HIGH SCHOOL WITHIN SAME SYSTEM OF EDUCATION – 2022-23

SCHOOL ADMINISTRATORS: Please complete this form and return it to the OHSAA office via an email attachment, Attn: Ms. Alexis Holderman (aholderman@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.

- Name of Student(s): _____ Date of Request: _____
- Gender of Student(s): _____ 2022-2023 Grade Level of Student(s): _____
- Sport(s) Competed In During 12 Months Immediately Preceding Transfer: _____
- Date of Transfer: _____ (**DATE STUDENT FIRST ATTENDED**)
- Transferring From: _____ High School
- Transferring To: _____ High School
- System of Education of New School, as Defined by ODE: _____
- Please attach a copy of the student's transcript/grade cards beginning with grade 4.**
- Please complete the student's enrollment history, including every school of attendance. Note that students are considered to be from the Same System of Education as defined by the Ohio Department of Education (i.e. Catholic Conference of Ohio, Ohio Association of Independent Schools, Association of Christian Schools International, etc.).**

School(s) Student Attended as a 4th grader:	Same System Of Education	-OR-	Different System Of Education
_____	<input type="checkbox"/>	-OR-	<input type="checkbox"/>
School(s) Student Attended as a 5th grader:	<input type="checkbox"/>	-OR-	<input type="checkbox"/>
_____	<input type="checkbox"/>	-OR-	<input type="checkbox"/>
School(s) Student Attended as a 6th grader:	<input type="checkbox"/>	-OR-	<input type="checkbox"/>
_____	<input type="checkbox"/>	-OR-	<input type="checkbox"/>
School(s) Student Attended as a 7th grader:	<input type="checkbox"/>	-OR-	<input type="checkbox"/>
_____	<input type="checkbox"/>	-OR-	<input type="checkbox"/>
School(s) Student Attended as an 8th grader:	<input type="checkbox"/>	-OR-	<input type="checkbox"/>
_____	<input type="checkbox"/>	-OR-	<input type="checkbox"/>
School(s) Student Attended as a Freshman:	<input type="checkbox"/>	-OR-	<input type="checkbox"/>
_____	<input type="checkbox"/>	-OR-	<input type="checkbox"/>
School(s) Student Attended as a Sophomore:	<input type="checkbox"/>	-OR-	<input type="checkbox"/>
_____	<input type="checkbox"/>	-OR-	<input type="checkbox"/>

School Administrator Signature: _____ Title: _____
 Print Name: _____ Email Address: _____

FOR OHSAA OFFICE USE ONLY: Date of Decision - _____

Ex. 5 Approved by
Executive Director's Office

Ex. 5 Denied by
Executive Director's Office

Please see correspondence.

Reviewed By: _____