



OHIO HIGH SCHOOL ATHLETIC ASSOCIATION

Doug Ute, Executive Director

INSTRUCTIONS FOR COMPLETING EXCEPTION 9, TRANSFER TO THE PUBLIC HIGH SCHOOL IN DISTRICT OF LEGAL CUSTODIAN'S RESIDENCE, REQUEST – 2023-24

SCHOOL ADMINISTRATORS: Please complete this form and return it to the OHSAA office via an email attachment, Attn: Mr. Ronald Sayers (rsayers@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): _____ Gender of Student(s): _____

Grade Level of Student(s): _____ Transfer Date: _____ *Date first attended

Sport(s) Competed during 12 Months Immediately Preceding Transfer: _____

1. Student Transferring From: _____ High School

2. While attending the former school, the student was living in the home of _____ (Name(s))

who is/are the _____ (Relationship-mom, aunt, grandfather, etc.).

They resided at _____ (Street) _____ (City) _____ (Zip Code)

Which is located in the _____ Ohio Public School District.

3. Does the individual(s) referenced in Q2 have any legal custody of the student-athlete? Yes or No (Circle One)

4. Student Transferring To: _____ High School

5. While attending the new school, the student is living in the home of _____ (Name(s))

who is/are the _____ (Relationship-mom, aunt, grandfather, etc.).

They currently reside at _____ (Street) _____ (City) _____ (Zip Code)

6. Does the individual referenced in Q5 have any legal custody of the student-athlete? Yes or No (Circle One)

7. When did the individual(s) referenced in Q5 begin occupying his/her current residence? _____
*Must provide exact date

8. For Multi-High School Districts Only:

In what attendance zone is the residence referenced in Q5 located? If no attendance zones exist, what is the district high school closest to the residence referenced in Q5? _____

School Administrator Signature: _____ Title: _____

Print Name: _____ Email Address: _____

FOR OHSAA OFFICE USE ONLY: Date of Decision - _____

☐ Ex. 9 Approved by
Executive Director's Office

☐ Ex. 9 Denied by
Executive Director's Office

Please see correspondence.

Reviewed By: _____