



OHIO HIGH SCHOOL ATHLETIC ASSOCIATION

Doug Ute, Executive Director

INSTRUCTIONS FOR COMPLETING EXCEPTION 8, INTERNATIONAL BACCALAUREATE DIPLOMA PROGRAM, REQUEST- 2023-24

SCHOOL ADMINISTRATORS: Please complete this form and return it, **along with the required documentation** (see item 3), to the OHSAA office via an email attachment, Attn: Ms. Kristin Ronai (kronai@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.

1. Requesting School Information:

Date of Request _____

School _____

Principal/Athletic Administrator _____ Email _____

2. Student Information:

Name _____

Grade _____ Date First Attended Requesting School _____ Gender _____

Sports Competed in During 12 Months Preceding their Transfer _____

Name of School from which Student Transferred _____

3. Please provide the following documents:

- ☐ Confirmation of student's acceptance into the International Baccalaureate Diploma Program
 - If transferring prior to junior year, provide verification of student's intent to enter IB Diploma Program beginning with their junior year.
 - Failure to gain entry as a junior or dropping out of the program after gaining entry shall result in any approval being rescinded. It is the responsibility of the school to inform the Executive Director's Office if either of the aforementioned instances occur.
- ☐ Verification that student will be taking all course work within the IB Diploma Program
- ☐ All transcripts from previous high school(s) and a sequence of course the student will be taking in the IB Diploma Program

I HEREBY ACKNOWLEDGE THAT I UNDERSTAND THAT IF THE STUDENT LISTED ABOVE DROPS OUT OF THE IB DIPLOMA PROGRAM THEY SHALL BE IMMEDIATELY INELIGIBLE AS WELL AS SUBJECT TO ADDITIONAL SANCTIONS

Print Name **School Administrator**

Signature _____

Print Name **Parent # 1**

Signature _____

Print Name **Parent # 2 (If Applicable; Step Parent Included)**

Signature _____

Print Name **Student**

Signature _____

FOR OHSAA OFFICE USE ONLY: Date of Decision - _____

☐ Ex. 8 Approved by
Executive Director's Office

☐ Ex. 8 Denied by
Executive Director's Office
Please see attached letter.

Reviewed By: _____

Signature: _____