



OHIO HIGH SCHOOL ATHLETIC ASSOCIATION

Doug Ute, Executive Director

INSTRUCTIONS FOR COMPLETING ELIGIBILITY REQUEST UNDER BYLAW 4-7-4 #5/4-7-5, POOR PERFORMING SCHOOLS

SCHOOL ADMINISTRATORS:

- Please complete this form and return it, **along with the required documentation** (see Q10), to the OHSAA office via an email attachment, Attn: Ms. Kristin Ronai (kronai@ohsaa.org).
- Please ensure all interested parties are aware of the ramifications of using this bylaw/exception as outlined in Q7-Q9.
- Please note that 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. Name of Student(s): _____
2. Gender of Student(s): _____
3. 2021-2022 Grade Level of Student(s): _____
4. Sport(s) Competed In During 12 Months Immediately Preceding Transfer:

5. Transferring From: _____ High School
****Note:** This exception will only be considered if the above school is included on the referenced list of priority schools found at this link: <https://ohsaaweb.blob.core.windows.net/files/Eligibility/4-7-5Guidance.pdf>

6. Transferring To: _____ High School

7. Transfer Date: _____ **(DATE FIRST ATTENDED NEW SCHOOL)**

1. I am verifying that ALL interested parties have confirmed that this transfer is being done for purely academic reasons and not for athletic reasons and that there has been no contact with the student by any member of the athletic department staff for the purpose of encouraging the transfer. _____ **(Initials of School Administrator)**
8. I am verifying that ALL interested parties understand that the student shall be entitled to only one transfer under the provisions set forth in this bylaw/exception. _____ **(Initials of School Administrator)**
9. I am verifying that ALL interested parties understand that if the student ever transfers back to the poor performing school from which he/she transferred under the provisions set forth in this bylaw/exception then the student shall not be permitted to regain full transfer eligibility under the provisions of any other exception. _____ **(Initials of School Administrator)**

10. ATTACH A COPY OF STUDENT'S COMPLETE TRANSCRIPT ALONG WITH THIS APPLICATION.

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

FOR OHSAA OFFICE USE ONLY: Date of Decision - _____

Approved by
Executive Director's Office

Denied by
Executive Director's Office

Reviewed By: _____

Signature: _____