



OHIO HIGH SCHOOL ATHLETIC ASSOCIATION

Doug Ute, Executive Director

INSTRUCTIONS FOR COMPLETING ELIGIBILITY REQUEST UNDER BYLAW 4-7-2 #5 and BYLAW 4-7-4 #5, POOR PERFORMING SCHOOLS – 2025-26

SCHOOL ADMINISTRATORS: Please complete this form and return it, **along with the required documentation** (see Q11), to the OHSAA office via an email attachment, Attn: Ms. Kristin Ronai (kronai@ohsaa.org), ensuring all interested parties are aware of the ramifications of using this bylaw/exception as outlined in Q8-Q10. 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. Grade Level of Student(s): _____

4. Sport(s) Competed In During 12 Months Immediately Preceding Transfer: _____

5. Transferring From: _____ High School

IRN #: _____

****Note:** This exception will only be considered if the above school is included on the referenced list of EdChoice schools found at this link: [Reports Portal](#)

6. Transferring To: _____ High School

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

8. 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**)

9. 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**)

10. 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**)

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

I hereby acknowledge that the responses on the above are accurate and correct, to the best of my knowledge.

Administrator Signature: _____ Date: _____

I hereby acknowledge the ramifications of requesting the application of this bylaw, as outlined in Q8-10 above.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

FOR OHSAA OFFICE USE ONLY: Date of Decision - _____

☐ Approved by
Executive Director's Office

☐ Denied by
Executive Director's Office

Reviewed By: _____

Signature: _____