

**TO: NEW STUDENTS TO HIGHLAND HIGH SCHOOL**  
**FROM: HIGH SCHOOL GUIDANCE DEPARTMENT**  
**RE: REGISTRATION**

Welcome to Highland High School. Please review and complete the attached information prior to registration, and follow the steps below:

- \_\_\_\_\_ Review the Program of Studies (High School menu; select *Academics*) and make notes of questions/concerns.
- \_\_\_\_\_ Complete the registration forms and gather the required documents (it is important to bring your most recent report card with you).
- \_\_\_\_\_ Contact the Guidance Department prior to your anticipated start date to schedule an appointment. Both student and parent/guardian should attend this 20—30 minute appointment.
- \_\_\_\_\_ If you anticipate playing a sport, contact the Athletic Department at Extension 5400 or 5401 to obtain information about physicals, try-outs, and schedules.
- \_\_\_\_\_ Review our Web site at [www.highlandschools.org](http://www.highlandschools.org) for further information on athletics, music and band activities.

We will have an opportunity to discuss and finalize your schedule at the time of registration. We look forward to meeting you during the registration process.

Sincerely,

Craig Tasker	Elaine Reichart	Claudia Johnson	Jim Addington
Junior/Senior, A-L	Junior/Senior, M-Z	Freshman/Sophomore, A-L	Freshman/Sophomore, M-Z
330-239-1901	330-239-1901	330-239-1901	330-239-1901
Ext 5213	Ext 5210	Ext 5212	Ext 5211

# ENTERING HIGHLAND HIGH SCHOOL

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Counselor \_\_\_\_\_

*Parents, legal custodians, and legal guardians need to register their children for school in the building(s) which the child(ren) will be attending. Registration is by appointment. If registering by mail, please make copies of the below mentioned documents and return by mail with registration forms (originals required within 30 days). All documents are required before a student may attend Highland Local Schools.*

## The required documents necessary for registration are:

- \_\_\_\_\_ Personal Identification in form of picture ID of adult registering student.
- \_\_\_\_\_ Student's Birth Certificate or Passport (must be original with raised seal).
- \_\_\_\_\_ Student's Social Security Card or proof of number (optional).
- \_\_\_\_\_ Proof of residency such as a purchase/construction contract, home mortgage coupon, signed rental agreement, voter registration card, insurance policy on dwelling, or current utility (gas, electric, water, phone) bill. If in the process of building or purchasing a home, you must provide a sworn statement from the builder/realtor confirming you will reside in the home within 90 days of entry.
- \_\_\_\_\_ Student's complete Immunization Records (the law allows for 14 days following entry for compliance).

## Other items to write down and/or bring along with you:

- \_\_\_\_\_ Last report card from previous school
- \_\_\_\_\_ Previous School's Address and Telephone Number
- \_\_\_\_\_ For Grades 9-12, please bring an unofficial transcript and copy of proficiency test results along with current schedule

## Required, if applicable:

- \_\_\_\_\_ A certified copy of any Court Order establishing Custody or Guardianship from Domestic Relations Court, Probate Court, Juvenile Court, or any other Court of competent jurisdiction which has issued an order regarding the custody/guardianship of the child(ren) being registered.
- \_\_\_\_\_ Most current special education Individualized Education Plan (IEP) and Multifactorial Evaluation (MFE).
- \_\_\_\_\_ District of residence of parent when child enters under Court Order to a foster home or is in a custody/guardianship arrangement (SF 14 billing)
- \_\_\_\_\_ Student Athlete Exception 1 Form (*Change of Address*)
- \_\_\_\_\_ Student Athlete Exception 6 Form (*Transfer of School*)
- \_\_\_\_\_ Student Athlete Exception 2 Form (*Foreign Exchange Student* [available from Guidance])

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***As the parent/legal guardian you have continuing duty to immediately inform the school of any change of residence and custody. I have read and understand the above enrollment procedures and instructions and affirm that all information provided is true and complete. I agree to notify the Highland Local Schools of any changes that may occur as outlined above.***

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

- Please Print -

School Year \_\_\_\_\_  
Home Room \_\_\_\_\_  
Student ID# \_\_\_\_\_

Complete this box if student is new to this district:  
Entry Date \_\_\_\_\_ Entry Grade \_\_\_\_\_ Entry Age \_\_\_\_\_  
Name/Zip Code of last school attended: \_\_\_\_\_

Teacher \_\_\_\_\_  
Grade \_\_\_\_\_  
Gender: M F (Circle one)

**HIGHLAND LOCAL SCHOOL DISTRICT REGISTRATION FORM**  
HAS INFORMATION ON THIS FORM CHANGED FROM LAST YEAR? YES  NO

Student Name \_\_\_\_\_  
Last First Middle (Required)

Home Phone \_\_\_\_\_  
(Used for school cancellation/delay)

Address \_\_\_\_\_  
Street City State Zip Code

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_  
(Required) City State Country

Ethnicity/Race (Optional)  
1. Are you Hispanic/Latino? Yes/No  
2. Select one or more races from the following (circle your choice(s)):  
I – American Indian/Alaskan Native  
A – Asian  
B – Black or African American  
P – Native Hawaiian/other Pacific Islander  
W- White

**Home Language Survey:**

- 1. What language did your child speak when he or she first learned to talk? \_\_\_\_\_
- 2. What language does your child use most frequently at home? \_\_\_\_\_
- 3. What language do you use most frequently to your son/daughter? \_\_\_\_\_
- 4. What language do the adults at home most often speak? \_\_\_\_\_
- 5. How long has your son/daughter attended school in the United States? \_\_\_\_\_

Parent Status:  Married  Single  
 Divorced  Separated  
 Widowed

Child Lives With:  both natural parents  only father  only mother  
 natural mother, step/adoptive father  grandparents (with legal custody)  
 natural father, step/adoptive mother  other relatives (with legal custody)

Residential Parent/Guardian \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Parent/Guardian Email \_\_\_\_\_  
Residential Parent/Guardian \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Non-Residential Parent \_\_\_\_\_  
Address of **non-residential** Parent \_\_\_\_\_  
Street Address

Emergency Daytime Number \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_  
Work Phone Number \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_  
Work Phone Number \_\_\_\_\_  
Non-Residential Parent Phone \_\_\_\_\_  
City State Zip

Does the **non-residential** parent have visitation rights? Yes  No   
Is there a court decision that the non-residential parent should **NOT** receive school information or attend school activities?  
Yes  No

*Please attach a certified copy of the court decision establishing custody or guardianship and include those sections referring to visitation rights and contacts with the school. Also include the page bearing the judge's signature and court seal. This copy should include any and all modifications made as of the date of registration of the child in this school. It is also the responsibility of the parents to inform the building principal of any subsequent modification during the child's tenure at the school.*

**SPECIAL PROGRAMS / SERVICES: Check any special services your student has been receiving:**

- Autism /Autistic-like behaviors
- Emotional disturbances
- Orthopedic impairment
- Title I Tutoring
- Cognitive disability
- Gifted
- Other health impairment
- Traumatic brain injury
- Deaf-blindness
- Hearing impairment
- Specific learning disabilities
- Visual impairment
- Deafness
- Multiple disabilities
- Speech or language impairment
- including blindness

If identified for special education service(s), is there a current IEP? Yes  No

I give \_\_\_\_\_ do not give \_\_\_\_\_ permission of directory information to be released.  
\*For high school students, directory information is also made available to the Armed Services.  
I authorized \_\_\_\_\_ do not authorize \_\_\_\_\_ publicity releases which include my child's picture/name.  
*(If neither is checked, permission is assumed to be granted.)*

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

*Highland High School*  
**Guidance Department**

4150 Ridge Road  
Medina OH 44256

Craig Tasker – Counselor  
Elaine Reichart – Counselor  
Claudia Johnson – Counselor  
James Addington - Counselor

PHONE (330) 239-1901  
FAX (330) 239-7385

**Guidance Office**

(Previous School Name/Address)

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(Previous School Phone #)

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Dear Registrar:

(*student name*) \_\_\_\_\_, a student from your school system, has enrolled in the \_\_\_\_\_ grade at Highland High School. May we please have a complete transcript for this student including the following information:

1. Semester grades, including those earned in any other school.
2. Key to your grading system, including your numerical passing grade. Please designate honors courses.
3. The amount of credit per subject, including Physical Education and Health.
4. Dates the student entered and left your school.
5. Length of the class period and the number of days the class meets per week.
6. Number of weeks in the school year
7. In-progress grades.
8. Test results including **Proficiency Test** results
- 9. Health records**
10. IEP (if applicable)
11. Multifactorial Evaluation Team Report (if applicable)

If the student left before the end of the semester, please show the grades up to the time of withdrawal.

Revisions in the Family Rights and Privacy Act indicate it is no longer necessary to obtain written consent to release records between schools.

Thank you,  
Diane Gamauf  
Guidance Secretary

***I attest that I am the legal guardian of the above-named student, and I authorize the release of the above records and any other records requested by the new school of attendance.***

\_\_\_\_\_  
Parent/Guardian/Student (if over 18 years of age) Signature

Teacher: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Grade: \_\_\_\_\_ Bus Number: \_\_\_\_\_ Driver: \_\_\_\_\_

**HIGHLAND LOCAL SCHOOLS EMERGENCY MEDICAL AUTHORIZATION FORM**

O.R.C. 3313.712

\_\_\_\_\_  
School Attending

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

*Purpose – To enable parents and guardians to authorize the provisions of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.*

**Residential Parent or Guardian Contact Information**

<b>Name/Relationship:</b>	<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
Parent/Guardian: _____	_____	_____	_____
Parent/Guardian: _____	_____	_____	_____
Relative/Other: _____	_____	_____	_____
Relative/Other: _____	_____	_____	_____

**PART I OR II MUST BE COMPLETED**

**Part I – To Grant Consent**

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Emergency Room Phone: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Part II – Refusal To Consent**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

## Computer and Internet Acceptable Use

Computer access is available to students and teachers of the Highland Local School District. The Internet provides access to vast and unique resources to both students and teachers in pursuit of educational excellence. The Highland Local School District has taken precautions to restrict access to controversial materials. However, it is impossible to control all materials; an industrious user may discover controversial information. Highland Local Schools firmly believes that the valuable information and interaction available on the Internet far outweighs the possibility that users may procure material that is not consistent with the educational goals of the district.

The operation of the network relies on the proper conduct of the end users that must adhere to strict guidelines. The guidelines are provided so that students and parents are aware of the responsibility of using computers and the Internet. This requires efficient, ethical and legal utilization of the network resources.

### GUIDELINES

1. **Privileges** - The use of the Internet is a privilege and not a right and inappropriate use will result in cancellation of these privileges and appropriate disciplinary measures.
2. **Privacy**- Network storage areas may be treated like school lockers. Network administrators may review communications to maintain system integrity and to insure that students are using the system responsibly.
3. **Saving work** - Students are required to use appropriate measures to save all of their work. The network administrators and/or teachers are not responsible for any work lost due to student error, equipment or network failure.
4. **Storage capacity** - Users are expected to remain within allotted disk space and delete material that takes up excess storage space.
5. **Email** - The use of email is only permissible through classroom accounts assigned by the network administrators for appropriate school use.
6. **Illegal copying** - Students should never download or install any commercial software, shareware or free ware onto network drives or disks, unless they have written permission from the Network Administrator. Students should not send or receive copyrighted materials in violation of US. Copyright law. Nor should students copy other people's work, login to other's accounts and/or access other's files.
7. **Inappropriate language, materials, images, music** - No profane, abusive or impolite language should be used to communicate, nor should materials be accessed which are not in line with the rules of school behavior. A good rule to follow is never view, send or access materials that you would not want your parents or teachers to see. Should students encounter such material by accident, they should report it to their teacher immediately. Highland Local Schools determine what materials may violate these standards.
8. **Other Usage** - Computers are not to be used for commercial activity, financial gain or for any illegal activity.
9. **Reliability** - Highland Local Schools District specifically denies any responsibility for the accuracy or quality of information obtained through the Internet.
10. **Security** - Security of any computer system is a high priority. If a student can identify a security problem on the Internet the supervising teacher should be notified immediately. Do not demonstrate the problem to other users. The Highland Local Schools may deny access to any user identified as a security risk.
11. **Vandalism** - Vandalism or harassment will result in cancellation of privileges. Vandalism is any attempt to harm or destroy hardware, data of another user, the Internet or network that is connected to the Highland Local Schools. This includes, but is not limited to, the uploading or creation of computer viruses. Harassment is the purposeful annoyance of another user, or the interference of another user's work.
12. **Additional Guidelines** - Additional guidelines will be developed from time to time as conditions warrant. Users will be expected to comply with any new guidelines.
13. **Release** - In consideration for the privilege of using the Highland Local Schools computer network, every account user releases the Highland Local Schools, its operators and administrators from any and all claims of any nature arising from his/her use, or inability to use, the Highland Local Schools Computer Network.
14. **Internet Safety** – Highland Local Schools will provide education for appropriate online behavior on social networking sites/chat rooms. Highland Local Schools will also provide education for cyber bullying.

Students and parents MUST fill out all information on this form in order for the student to use any computer belonging to Highland Local Schools. Students must return this form to their school library. This form will remain on file while the student is enrolled in this school building.

### Student Access Contract

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student's School \_\_\_\_\_ Graduation Year \_\_\_\_\_

I understand and will abide by the provisions of the Highland Local Schools Computer and Internet Acceptable Use Guidelines. I understand that any violations of the guidelines will result in disciplinary actions. This could include revoking of my user account and appropriate action by school authorities.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Student ID number \_\_\_\_\_

Note: Login password will be the student's ID number and must be changed within the first 3 logins.

### Parent Release

If the applicant is under the age of 18 a parent or guardian must also read and sign this agreement. As the parent or guardian of this student, I have read the above guidelines for the Highland Local Schools Computer and Internet Acceptable Use and agree to its conditions. I confirm my child's intention to abide by these guidelines.

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

### Highland Schools Publication Release Form

- I **give** permission for my child's name, photograph and for work to appear in school sponsored publications, newspaper articles, TV Cable shows, district web page, district calendar and/or annual report while they attend the Highland Local Schools.
- I **do not give** my permission for my child's name, photograph and/or work to be used.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



Ohio High School Athletic Association  
 4080 Roselea Place - Columbus, Ohio 43214  
 Ph: 614-267-2502; Fax:614-267-1677  
 Web site: [www.ohsaa.org](http://www.ohsaa.org)

**INSTRUCTIONS FOR COMPLETING**

**AFFIDAVIT FOR BONA FIDE LEGAL CHANGE OF RESIDENCE – 2011-12**

**FOR STUDENT(S)** \_\_\_\_\_ **Check: Boy** \_\_\_\_\_ **Girl** \_\_\_\_\_  
**TRANSFERRING FROM** \_\_\_\_\_ **HIGH SCHOOL ON** \_\_\_\_\_ **(DATE)**

*(Note: Please include all siblings on the same affidavit)*

Exception 1 to Bylaw 4-7-2 permits a student whose parents (note: plural) have made a "bona fide legal change in residence from one public school district to another public school district" to become eligible to participate in interscholastic athletics insofar as the transfer bylaw is concerned. The rationale for this exception centers around the idea that the change of residence **caused** the student to transfer. Bylaw 4-6-1 defines what constitutes a "bona fide change of residence" and the factors to be examined in making this determination. To be certain, merely signing a lease agreement for an apartment in the new district does not constitute a bona fide legal change of residence. **Note: If only one parent in an intact family "makes the move," a presumption is created that "the move" does not meet the criteria of this Exception 1.**

To further assist schools and parents alike with this determination, the OHSAA has developed an *Affidavit of Bona Fide Change of Residence* to be executed by parents when making such a change of residence and transferring a student from one public school district to another. For the most part, this *Affidavit* is fairly self-explanatory. Each of the 26 affirmations contained within this *Affidavit* requires the affiant to complete the statement/paragraph by either inserting the applicable information, circling the appropriate "does/does not" or inserting affiant's initials where called for. All 26 paragraphs must be completed by the affiant and must be done so **prior** to the student's participation in any interscholastic athletic competitions.

In addition to the duty imposed upon the affiant to complete the *Affidavit* accurately and honestly, the affiant has a duty to supply the school district with supporting documentation with respect to utility bills, voter registration, driver's license changes, and mail received at the new residence. Furthermore, given the fact that this new residence **must be maintained for a period of one year from the date that the transfer is approved**, there exists a duty on the part of the parents to continually supply this same documentation throughout the entire twelve month period covered by the bylaws.

In addition to the duties imposed upon the parents as heretofore described, **school administrators have a duty to investigate and continually monitor all alleged bona fide residential changes.** Schools should maintain files on all transfer students whose parents claim to have made a bona fide change in residence which files should include the documentation that supports each of the claims set forth in the *Affidavit*. Additionally, **the school should visit the new residence on some type of regular basis** to verify some of the other affirmations that cannot be verified through documentation. These visits should be planned so as to yield meaningful and accurate results (*i.e.* to confirm that the majority of meals are eaten at the new residence, one should not send the truancy officer to the home at 10:00 in the morning when no one is home much less eating). A log identifying the times, dates, persons making the visits and findings from the visits should also be maintained in the student's file. If a parent or school has any questions regarding these **Instructions** or the *Affidavit* itself, those questions should be directed to the Commissioner's Office via the school administrator prior to the participation of any transfer student.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE **INSTRUCTIONS** AS SET FORTH HEREIN AND THE **AFFIDAVIT** TO WHICH THESE INSTRUCTIONS APPLY.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
School Administrator

\_\_\_\_\_  
High School

\_\_\_\_\_  
Phone Number

AFFIDAVIT OF \_\_\_\_\_(PARENT)  
FOR STUDENT(S): \_\_\_\_\_

STATE OF OHIO :  
COUNTY OF \_\_\_\_\_ :

\_\_\_\_\_, having been duly advised and sworn, hereby states as follows:

1. Affiant is of sound mind and legal age and has first hand knowledge of the facts asserted herein.
2. Affiant is the biological/adoptive (circle one) mother/father of \_\_\_\_\_ .  
(name of transfer student)
3. Affiant's current resident address is \_\_\_\_\_ .  
Street City Zip School District
4. Affiant owns/rents (circle one) the real property at this current resident address. Furthermore, Affiant states that Affiant has provided the school's administration with a copy of Affiant's deed/rental agreement (circle one) to be kept with the student's school records.
5. Affiant's current resident telephone number is (\_\_\_\_) \_\_\_\_-\_\_\_\_\_. [Note: do not substitute "cell phone number" in this response unless this is your only phone.]
6. Affiant's current work telephone number is (\_\_\_\_) \_\_\_\_-\_\_\_\_\_.
7. Affiant further states that Affiant intends to make this current residence Affiant's permanent residence, further affirms that the move to this current residence is not intended to be temporary, and understands that OHSAA bylaws require a one year period of residency at this current residence beginning with the date the transfer is approved. \_\_\_\_\_ (Initials of Affiant)
8. Affiant's residence from which Affiant moved was \_\_\_\_\_ .  
Street City Zip School District
9. Affiant has completely vacated Affiant's former residence. Furthermore, Affiant's former residence was vacated on \_\_\_\_\_, 20\_\_\_\_.
10. Affiant further states that in vacating Affiant's former residence, Affiant has removed all of the family's household possessions. \_\_\_\_\_ (Initials of Affiant). **Note: In the event any family household possessions remain at the former residence, explain in detail the reasons and circumstances on a separate sheet of paper.**
11. Neither Affiant nor any member of Affiant's household continues to maintain this former residence nor does Affiant or any member of Affiant's household maintain any other residence in the State of Ohio. \_\_\_\_\_(Initials of Affiant).
12. Affiant owned/rented the property at this previous resident address (circle one):  
(If answer above was "rented"): The name, address and telephone number of affiant's landlord is:  
\_\_\_\_\_.
13. Each and every member of Affiant's household has completely vacated the former residence and has moved with Affiant into this new residence. \_\_\_\_\_(Initials of Affiant). For purposes of this Affidavit, Affiant's household members shall include Affiant's spouse, all school aged children of Affiant and any other persons whom Affiant could claim as a dependent for federal tax purposes.\* **(In the event any members of Affiant's household did not make "the move" to this current resident address, a detailed explanation of the facts and circumstances to why any household members did not make "the move" must be provided on a separate sheet of paper. FAILURE TO ACCURATELY COMPLETE THIS AFFIRMATION, INCLUDING THE "EXPLANATION" AS TO WHY ALL HOUSEHOLD MEMBERS DID NOT MOVE, SHALL CAUSE THE STUDENT'S ELIGIBILITY TO BE FORFEITED.**
14. Affiant moved to this current resident address on \_\_\_\_\_, 20\_\_\_\_\_.
15. Affiant does/does not (circle one) receive all of Affiant's mail at the current resident address listed above.
16. Affiant does/does not (circle one) eat the majority of Affiant's meals at the current resident address listed above.

17. Affiant does/does not (circle one) sleep the majority of the time at the current resident address listed above.
18. Affiant is/is not (circle one) registered to vote from the current resident address listed above.
19. Affiant's driver's license does/does not (circle one) show the current resident address on it as being Affiant's residence.
20. Affiant does/does not (circle one) own the current resident address listed above.
21. Affiant does/does not (circle one) rent the current resident address listed above. (If renting): The name, address and telephone number of Affiant's landlord is \_\_\_\_\_  
\_\_\_\_\_.
22. Prior to August 1 of the current calendar year Affiant did/did not (circle one) notify Affiant's employer (or Department of Public Assistance if applicable) that my address is the same as that listed in this affidavit as my current resident address.
23. Affidavit does/does not (circle one) receive Affiant's utility bills at the current resident address listed above.
24. Affiant states that the reason Affiant made the move from Affiant's former residence to this current residence is because of:  
\_\_\_\_\_  
\_\_\_\_\_.
25. Affiant is not attempting to establish residence at the current resident address in order to avoid paying tuition to attend the public school to which the current resident address is assigned nor is Affiant attempting to establish residence at the current resident address in order to circumvent any of the Bylaws or rules of the Ohio High School Athletic Association. \_\_\_\_\_ (Initials of Affiant)
26. Affiant understands that falsification of information contained in this affidavit can result in prosecution for perjury/falsification, liability for tuition and **will** adversely affect the eligibility status of the child/children listed herein. Furthermore, should eligibility of said child/children be predicated in whole or in part upon any information contained herein, which information is later learned to be false, the future eligibility of said child/children, will be in jeopardy as well as the team and/school's status, their records and their future status as a member of the OHSA. \_\_\_\_\_(Initials of Affiant)

AFFIANT FURTHER SAYETH NAUGHT.

\_\_\_\_\_

SWORN TO before me and SUBSCRIBED in my presence this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

**BYLAW 4-8-1 – Exception 2**



**Ohio High School Athletic Association  
4080 Roselea Place  
Columbus, Ohio 43214  
Phone (614) 267-2502  
Fax (614) 267-1677  
Website [www.ohsaa.org](http://www.ohsaa.org)**

***REQUEST FOR ELIGIBILITY OF  
INTERNATIONAL EXCHANGE STUDENT***

Exception 2 to Bylaw 4-8-1 permits students who possess **a J-1 Visa** issued by the Federal Government’s Visitor Exchange Program to be eligible for athletics for a maximum of one school year and/or two semesters provided they meet the scholarship requirement and have not graduated from their home school, or attended **high school** more than eight semesters.

It is the expectation of the OHSAA that all REQUEST FOR ELIGIBILITY FOR INTERNATIONAL EXCHANGE STUDENTS be preceded by a thorough review of the international exchange student’s academic records and educational history. **No** student who would be considered a “graduate” in his or her home country will be permitted to participate in interscholastic athletics at a member school (please be advised that students in South America typically graduate at the end of their 11<sup>th</sup> grade year). The OHSAA will only grant eligibility to those students who possess a J-1 Visa. **Please review Bylaw 4-8-1 for additional exceptions for International Students.**

**To be completed by the SCHOOL PRINCIPAL/DESIGNEE (not the host parent)**

1. Name of School \_\_\_\_\_
2. Address/City/Zip \_\_\_\_\_
3. Name of Student \_\_\_\_\_
4. Student’s Home Country \_\_\_\_\_
5. Exchange Student Program \_\_\_\_\_
6. Has student previously graduated from his/her home **high school**? YES NO  
(Refer to Bylaw 4-3-5, OHSAA Constitution and Bylaws) For further clarification (Circle)  
See [www.unesco.org/iau/onlinebases/index.html](http://www.unesco.org/iau/onlinebases/index.html) for enrollment and graduation information.
7. Has student previously completed eight semesters of **high school**? YES NO  
(Refer to Bylaw 4-3-3, OHSAA Constitution and Bylaws) (Circle)
8. Student’s Date of Birth \_\_\_\_\_
9. Is student scholastically eligible? YES NO  
(Circle)

**OVER**



OHIO HIGH SCHOOL ATHLETIC ASSOCIATION  
4080 Roselea Place  
Columbus, Ohio 43214  
(614) 267-2502  
Fax (614) 267-1677  
[www.ohsaa.org](http://www.ohsaa.org)

REQUEST FOR SELF-SUPPORTING STATUS

**NOTE:** All students must be in compliance with all eligibility standards found in Bylaw 4, including Bylaw 4-6-3 which requires that a parent (adoptive or biological) reside in the state of Ohio.

1. School Information: \_\_\_\_\_ Date of Request \_\_\_\_\_

School \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Principal \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**2. Student Information:**

Name \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

School from which the student is transferring \_\_\_\_\_

**3. Landlord Information:**

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

**ATTACH** notarized statement that he/she is the landlord of self-supporting student. Landlord may NOT be a relative of the student.

**4. Work Information:**

Employer Name \_\_\_\_\_

Business \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Hourly Wage \_\_\_\_\_

Hours Worked Monthly \_\_\_\_\_ Monthly Wage \_\_\_\_\_

**ATTACH** notarized statement that he/she is the employer of self-supporting student. Employer may NOT be a relative of the student.

5. ATTACH copy of check(s) earned monthly. \$350.00 MINIMUM

6. Bank Account Information: \_\_\_\_\_ (Student must open checking account)

Bank Name \_\_\_\_\_

City \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**ATTACH** copy of check paid to landlord for rent.

7. ATTACH copy of receipt from landlord.

8. ATTACH grocery receipts.

**NOTE:** Items #5, 6, 7, and 8 must be submitted to the OHSAA monthly by the high school principal. Self-supporting status will be granted monthly.

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

OHSAA Authorized Signature

**OHIO HIGH SCHOOL ATHLETIC ASSOCIATION**  
4080 Roselea Place  
Columbus, Ohio 43214  
(614) 267-2502  
Fax (614) 267-1677  
Website www.ohsaa.org

**BYLAW 4-7-2 -- EXCEPTION 6**  
**STUDENT TRANSFER TO THE PUBLIC SCHOOL**  
**IN THE DISTRICT OF RESIDENCE OF PARENT/GUARDIAN**

For use by public school administrators when a student transfers to a public high school located in the public school district of residence of the parent/guardian.

Name of Student: \_\_\_\_\_

Grade in School: \_\_\_\_\_

School from which student is transferring: \_\_\_\_\_

Name and address of parent/guardian living in the public school district of the transfer student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of public high school the student is transferring to relative to Bylaw 4-7-2, Exception #6:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of public school administrator who authorizes the transfer:

\_\_\_\_\_

Date: \_\_\_\_\_

Your assistance is requested to help the OHSAA keep a record of these transfers in accordance with Bylaw

4-7-2, Exception #6. Please duplicate/return a copy of this form to the OHSAA. Thank you in advance for your cooperation.

**PLACE COPY OF THIS FORM IN STUDENT'S PERMANENT RECORD**  
**SEND DUPLICATE TO THE OHSAA**