				Approved
REQUEST FOR OSSAA HARDSHIP ELIGIBILITY CLARIFICATIONFor Student over Age Limit or Requesting Additional Period of Eligibility				Disapproved
				Initial
Check one: Must be comple		Additional Period of Elig legate or principal of receivi		Initial
Name of Student_			School Attending	
Date of first attend	lance	Date enrolled	Date of Birth	Age
Is applicant a legal	student in your district	? Yes □ No □ Tuition Tra	nsfer Guardianship Other	
School district in w	which legal address of st	udent is located		
Residence Address			Home Telephone	
With whom is stud	lent living and relationsl	nip to that person?		
Student's Height _	Weight			
What is the student's best sport?			Ability is below average	_ Average Outstanding
What is the student's next best sport?			Ability is below average	Average Outstanding
List school (s) a	ttended in previous	years with corresponding da	tes and activities in which stude	ent participated:
7 <sup>th</sup> (Year)	(School)		(Activities)	
8 <sup>th</sup>				
(Year)	(School)		(Activities)	
(Year)	(School)		(Activities)	
10 <sup>th</sup> (Year)	(School)		(Activities)	
11 <sup>th</sup> (Year)	(School)		(Activities)	
12 <sup>th</sup> (Year)	(School)		(Activities)	
or at the ninth gra participation will n	nde level or below, if the stud	ne student already has participate lent was able to attend school cont		,
1 I hav	ve reviewed the process	for requesting a waiver with the fa	amily prior to this waiver request being	g sent to the OSSAA office.
	ave determined that circ mal academic progress.	umstances beyond the control of	the student and the student's family	prevented the student from making
3 I hav	ve attached a written exp	planation of those circumstances, a	and documentation that supports this re	equest.
4 Sign	natures of all parties app	ear on the Request for Hardship E	ligibility Clarification Form.	
5 I und	derstand that submission	of incomplete or inaccurate infor	mation will result in the hardship bein	g denied due to lack of information.
forfe	eiture of contest(s) in w	hich the student participated and o	nformation could cause eligibility to ther penalties imposed if deemed nece	essary.
`			e the waiver request to be denied du	
Student's signature	2		Date	
Parent(s) or legal g	guardian's signature			

FOR OFFICE USE

(Please provide <u>complete</u> school address on <u>every</u> request.)

\_Title\_\_\_\_

\_\_\_\_Telephone\_

\_ZIP \_\_\_

(Voting Delegate or Principal - PLEASE PRINT)
PRINCIPAL'S OR VOTING DELEGATE'S SIGNATURE

SCHOOL MAILING ADDRESS \_\_\_