



SCHOOL CLASSIFICATION APPEAL FORM

AN APPEAL TO OFSAA MAY ONLY BE MADE AFTER AN UNSUCCESSFUL APPEAL AT THE ASSOCIATION LEVEL.

School _____ Association _____

Address _____
Street City Postal Code

Phone _____ Fax _____ E-mail _____

Name of teacher submitting appeal _____ Position _____

School FTE population at October 31st, 2016 _____

The classification into which your Association has placed your school and/or sport _____

Name of sport (if applicable) _____

SCHOOL'S RATIONALE FOR APPEAL (based on any one or more of: location; school composition; team composition; competition; OFSAA success)

NAME AND SIGNATURE OF SCHOOL PRINCIPAL _____

DATE OF APPEAL _____

Please forward this application to ***your Association's Classification/Executive Committee*** and to your OFSAA representatives. **DO NOT SEND IT TO THE OFSAA OFFICE.** The Association must give its rationale for the placement before it is submitted to and reviewed by OFSAA.

ASSOCIATION'S RATIONALE FOR THIS PLACEMENT

Name _____ Position _____

Signature _____ Date _____

Please forward all forms to the OFSAA Classification Committee
204-3 Concorde Gate
Toronto, Ontario M3C 3N7
Tel. (416) 426-7391; Fax (416) 426-7317
E-mail: donna@ofsaa.on.ca

OFSAA Hearing Date: Tuesday June 6, 2017 (tentative)

SEE CHART ON NEXT PAGE

Complete the following chart and submit it with your appeal form. Include all data for sports in which your school competes (e.g. girls' basketball, boys' basketball, girls' rugby, boys' soccer, etc.).

2016-2017

Sport	League Record	Overall Record	Qualified for OFSAA Championship? (Yes or No)	Placing at OFSAA Championship (if applicable)

2015-2016

Sport	League Record	Overall Record	Qualified for OFSAA Championship? (Yes or No)	Placing at OFSAA Championship (if applicable)