



## SCHOOL CLASSIFICATION APPEAL FORM

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**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 31<sup>st</sup>, 2018 \_\_\_\_\_

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)

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**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**

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Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please forward all forms to the OFSAA Classification Committee by May 31<sup>st</sup>, 2019

E-mail: [doug@ofsaa.on.ca](mailto:doug@ofsaa.on.ca)

Tel. (416) 426-7438

**OFSAA Hearing Date:** Tuesday June 4, 2019 (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.).

**2018-19**

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

**2017-18**

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