



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, 2007. _____

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
1185 Eglinton Ave. East, Suite 409
Toronto, Ontario M3C 3C6
Tel. (416) 426-7391; Fax (416) 426-7317
E-mail: doug@ofsaa.on.ca

OFSAA Hearing Date: Monday, June 9, 2008