

## SCHOOL CLASSIFICATION APPEAL FORM

## AN APPEAL TO OFSAA MAY ONLY BE MADE <u>AFTER</u> AN UNSUCCESSFUL APPEAL AT THE ASSOCIATION LEVEL & ASSOCIATION APPROVED SCHOOLS ABOVE THE 10% THRESHOLD.

School		Asso	ociation	
Address	Street			
	Street	City	Postal Code	5
Phone	Fax	E-mail		
Name of teache	r submitting appeal		Position	_
School FTE popu	llation at October 31 <sup>st</sup> , 2025	5		
The classification	n into which your Associatio	on has placed your school	and/or sport	
Name of sport (i	f applicable)			
	<b>DNALE FOR APPEAL</b> (based mpetition; OFSAA success)	on any one or more of: lo	ocation; school composition;	team
NAME AND SIGI	NATURE OF SCHOOL PRINC	IPAL		
DATE OF APPEA	L			

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

ASSOCIATION'S RATIONALE FOR THIS PLACEMENT

Name	Position
Signature	Date
- 0	
	Please forward all forms to the OFSAA Classification Committee by Friday, May 29, 2026.
	E-mail: shamus@ofsaa.on.ca
	Tel. (416) 426-7440

OFSAA Hearing Date: Wednesday, June 10, 2026

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.).

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

## 2024-25

## 2023-24

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