



503.682.6722

FAX 503.682.0960

<http://www.osaa.org>Scan to: [eligibility@osaa.org](mailto:eligibility@osaa.org)

Page 1 of 2

## Eligibility Request Form

1. Complete all steps on front and back of this form.
2. Attach copy of student's official transcripts with this form.
3. Requests with incomplete enrollment records will not be considered.
4. Allow five working days to process.

OSAA Eligibility ID #

### STEP 1

### Student Information

School: Crater School Phone: 541-444-6386Student: (Last) Potter (First) Tyler (Middle)Date of Birth: 7-22-98 Age: 17Parent: Luke PotterAddress: 169 Orchardview Av., Central Point, OR

Person with whom student lives:

Currently:

Last Year:

Relationship to student:

Address where student lives:

### STEP 2

### Type of Waiver

#### A. SEND DIRECTLY TO OSAA (see checklist in Step 4)

- ☐ Age Rule 8.3
- ☐ Fifth Year Rule 8.2
- ☒ Grade Deficiency Rule 8.1.1
- ☐ Satisfactory Progress Toward Graduation Rule 8.1.2
- ☐ All Non-CSIET Foreign Students – Must also meet CSIET criteria in Rule 8.6.3(c)
- ☐ All CSIET Foreign Students not meeting criteria in Rule 8.6.3(c)

#### B. SEND DIRECTLY TO DISTRICT COMMITTEE

- ☐ Transfers without change of Joint Residence Rule 8.6 (including transfers where the student also has a Grade Deficiency and / or is not making Satisfactory Progress Toward Graduation).
- ☐ Transfers to a school with affiliation Rule 8.6.5.

### STEP 3

### Enrollment Record

### Fill In All Sections

Has an Individualized Educational Program (IEP) been created for this student? ☐ Yes ☐ NoIf yes, is the student meeting the requirements of the Individualized Educational Program (IEP)? ☐ Yes ☐ No

Grading Period	Date Attended	School Attended	# Credits		#Classes
			Earned	Passed	
Example →→→→→→→→→→	9/5/99 to 1/12/00	Oregon High School	3.0		6
9 <sup>th</sup> – 1 <sup>st</sup> semester/trimester	9/1/13 to 2/1/14	Foothill High, CA	4		4
9 <sup>th</sup> – 2 <sup>nd</sup> semester/trimester	2/1/14 to 6/1/14	Foothill High, CA	2		2
9 <sup>th</sup> – 3 <sup>rd</sup> trimester	__/__/__ to __/__/__				
10 <sup>th</sup> – 1 <sup>st</sup> semester/trimester	9/1/14 to 11/1/14	Crater	1.33		2
10 <sup>th</sup> – 2 <sup>nd</sup> semester/trimester	12/1/14 to 3/1/15	Crater	3.34		4
10 <sup>th</sup> – 3 <sup>rd</sup> trimester	3/1/15 to 6/1/15	Crater	4.33		6
11 <sup>th</sup> – 1 <sup>st</sup> semester/trimester	__/__/__ to __/__/__				
11 <sup>th</sup> – 2 <sup>nd</sup> semester/trimester	__/__/__ to __/__/__				
11 <sup>th</sup> – 3 <sup>rd</sup> trimester	__/__/__ to __/__/__				
12 <sup>th</sup> – 1 <sup>st</sup> semester/trimester	__/__/__ to __/__/__				
12 <sup>th</sup> – 2 <sup>nd</sup> semester/trimester	__/__/__ to __/__/__				
12 <sup>th</sup> – 3 <sup>rd</sup> trimester	__/__/__ to __/__/__				

#### STEP 4 Letter From Previous School Principal (Transfers only)

A letter from the principal of the school previously attended is required. Letter may refer to high school activities previously participated in, whether student was in good standing at the time of transfer, any outstanding fees / lost materials, etc.

#### STEP 5 Eligibility Hardship Checklist

Prior to OSAA consideration of eligibility, this Eligibility Request Form and the following information must be received by the OSAA Executive Director,

##### Transcripts

Current high school  
Previous high schools

##### School Records

Attendance records  
Letter authorizing release of school records to OSAA

##### Letters of Explanation

Student  
Parents or Legal Guardian  
School Representative  
Optional – Other letters as relevant

##### Age & Fifth Year Additional Documentation

Gap in student's academic process  
Credit deficiency  
Classes needed to graduate  
Individualized Educational Program (IEP)  
Student's disability as defined by ADA

#### STEP 6 Affirmation Statement

Under penalty of perjury, I do affirm that no coach, parent, administrator, teacher, or other representative of the current school initiated contact or offered any inducements for the purpose of having the student attend the current school for athletic participation. Further, I authorize release of permanent school records to the OSAA.

Both signatures required for all Eligibility Requests.

\_\_\_\_\_  
Signature of Parent (Host Family if Non-CSIET student)

\_\_\_\_\_  
Signature of Principal / Superintendent

(Principal/Superintendent is encouraged to attach any specific comments regarding this student's eligibility request.)

#### STEP 7 OSAA / District Committee Authorization Decision

The District Committee should forward copies of all District Committee decisions and rationale for that decision to the OSAA.

Director's / Chairperson's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Chairperson's School: \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Approved

☐ Denied

#### STEP 8 Appeals Process

**DISTRICT COMMITTEE DECISIONS:** Appeals of District Committee decisions will be heard by the OSAA Eligibility Appeals Board.

- "Any party filing an appeal of a decision by the District Athletic Committee to the Eligibility Appeals Board...shall be assessed a filing fee of \$100 to defray the costs to the Association of assembling the respective appeals bodies to hear the appeal." (Excerpt OSAA Handbook, Executive Board Policies, "Eligibility Appeal Filing Fee")
- If denied by the OSAA Eligibility Appeals Board, an appeal may be made to a Hearings Officer under **Rule 9, "Hearings Officer."** Appeals to the Hearings Officer shall include an appeal fee of \$200.

**OSAA EXECUTIVE DIRECTOR DECISIONS:** Appeals of OSAA Executive Director decisions, regarding age, fifth year, grade deficiency, and non-CSIET foreign students are heard by the OSAA Executive Board.

- "Any party filing an appeal of a decision by...the Executive Director to the Executive Board shall be assessed a filing fee of \$100 to defray the costs to the Association of assembling the respective appeals bodies to hear the appeal." (Excerpt OSAA Handbook, Executive Board Policies, "Eligibility Appeal Filing Fee")
- If denied by the OSAA Executive Board, an appeal may be made to a Hearings Officer under **Rule 9, "Hearings Officer."** Appeals to the Hearings Officer shall include an appeal fee of \$200.

Student Name <b>Poteet, Tyler J.</b>			Central Point School District 6 Crater CAHPS		School Name/Address <b>Crater CAHPS</b> <b>655 N 3rd St</b> <b>Central Point, OR 97502-1876</b>	
Perm ID <b>601973</b>	Grade <b>11</b>	Gender <b>M</b>				
Date Of Birth <b>07/22/1998</b>	Phone		Tel: <b>541-494-6312</b> Fax: <b>541-494-6367</b>			
Home Address <b>169 Orchardview Av</b> <b>Central Point, OR 97502</b>			Alternate School Number: <b>4557</b>			
			Enter Date: <b>09/03/2014</b>			



Subject	Course Title	Mark	Cred Att/Cmp	Subject	Course Title	Mark	Cred Att/Cmp
<b>Foothill High School Yr: 2014 Month: 1 Grade: 09</b>				<b>Crater CAHPS Yr: 2015 Month: 6 Grade: 10</b>			
CTA	Spanish 1	D	1.00 / 1.00	CTA	Metal Fabrication	B	1.00 / 1.00
EN	English 1 APP	D	1.00 / 1.00	Cred Att: 1.00 Cred Cmp: 1.00 GPA:			
HE1	Health Education	F	1.00 / 0.00	<b>Crater School of BIS Yr: 2015 Month: 6 Grade: 10</b>			
MA	Math APP	D	1.00 / 1.00	EN	English II	C	1.00 / 1.00
PE	PE 1	F	1.00 / 0.00	SC	Physical Science	P	1.00 / 1.00
SC	Biology	D	1.00 / 1.00	EL	Youth Transition Program	B	1.00 / 1.00
Cred Att: 6.00 Cred Cmp: 4.00 GPA:				EL	Youth Transition Program	C	1.00 / 1.00
<b>Foothill High School Yr: 2014 Month: 6 Grade: 09</b>				PE	mini - Ultimate Frisbee	A	0.33 / 0.33
CTA	Career Ed	F	1.00 / 0.00	Cred Att: 4.33 Cred Cmp: 4.33 GPA:			
CTA	Spanish 1	F	1.00 / 0.00	<b>Graduation Requirements - Credit Summary</b>			
EN	English 1 APP	F	1.00 / 0.00	Subject Area	Req'd	Compl	Needed
MA	Math APP	F	1.00 / 0.00	Career/Technical/Fine Arts	6.00	4.67	1.33
PE	PE 1	C	1.00 / 1.00	Electives	12.00	3.00	9.00
SC	Biology	D	1.00 / 1.00	English	8.00	2.00	6.00
Cred Att: 6.00 Cred Cmp: 2.00 GPA:				Physical Health	1.00	1.00	
<b>Crater CAHPS Yr: 2014 Month: 11 Grade: 10</b>				Mental Health	1.00	0.00	1.00
CTA	Vocational Welding 101	C	1.00 / 1.00	Math	6.00	2.00	4.00
Cred Att: 1.00 Cred Cmp: 1.00 GPA:				Physical Education	2.00	1.33	0.67
<b>Crater School of BIS Yr: 2014 Month: 11 Grade: 10</b>				Science	6.00	3.00	3.00
CTA	mini - School Events	P	0.33 / 0.33	Social Science	6.00	0.00	6.00
EN	English II	F	1.00 / 0.00	<b>TOTALS</b>	<b>48.00</b>	<b>17.00</b>	<b>31.00</b>
SC	Physical Science	NP	1.00 / 0.00				
MA	Interactive Math II	NP	1.00 / 0.00				
EL	Youth Transition Program	D	1.00 / 1.00				
Cred Att: 4.33 Cred Cmp: 1.33 GPA:							
<b>Crater CAHPS Yr: 2015 Month: 3 Grade: 10</b>							
CTA	Vocational Welding 201	C	1.00 / 1.00				
Cred Att: 1.00 Cred Cmp: 1.00 GPA:							
<b>Crater School of BIS Yr: 2015 Month: 3 Grade: 10</b>							
CTA	Mini - Landscape and Inst	D	0.34 / 0.34				
EL	Physical Science Applicati	NP	1.00 / 1.00				
SS	US/World Studies II	F	1.00 / 0.00				
MA	CR - Math	C	1.00 / 1.00				
HE1	CR - Health 1	D	1.00 / 1.00				
Cred Att: 4.34 Cred Cmp: 3.34 GPA:							

I = Incomplete		W = Withdraw		* = Repeat Course		NG = No Grade		P = Pass																																																																																																												
<b>Grade Point Legend</b> <table border="1"> <tr> <th>Mark</th> <th>Normal</th> <th>AP</th> </tr> <tr><td>A</td><td>4</td><td>5</td></tr> <tr><td>B</td><td>3</td><td>4</td></tr> <tr><td>C</td><td>2</td><td>3</td></tr> <tr><td>D</td><td>1</td><td>2</td></tr> <tr><td>F</td><td>0</td><td>0</td></tr> <tr><td>I</td><td>0</td><td>0</td></tr> <tr><td>NG</td><td>0</td><td>0</td></tr> <tr><td>W</td><td>0</td><td>0</td></tr> </table>			Mark	Normal	AP	A	4	5	B	3	4	C	2	3	D	1	2	F	0	0	I	0	0	NG	0	0	W	0	0	<b>GPA Summary</b> HS Weighted Curr <b>1.13</b> Rank:			<table border="1"> <tr> <th>Immunization</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> </tr> <tr><td>Polio</td><td>10/06/1998</td><td>01/29/1999</td><td>04/27/1999</td><td>04/01/2003</td><td></td><td></td><td></td></tr> <tr><td>Mumps</td><td>09/30/1999</td><td>08/01/2003</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Varicella</td><td>08/01/2003</td><td>01/03/2007</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Rubella</td><td>09/30/1999</td><td>08/01/2003</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Measles</td><td>09/30/1999</td><td>08/01/2003</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Hepatitis A</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DTP/Td/Tdap</td><td>10/05/1998</td><td>01/29/1999</td><td>04/27/1999</td><td>09/30/1999</td><td>08/01/2003</td><td>10/15/2009</td><td></td></tr> <tr><td>HIB</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Hepatitis B</td><td>07/22/1998</td><td>10/01/1998</td><td>01/22/1999</td><td></td><td></td><td></td><td></td></tr> </table>				Immunization	1	2	3	4	5	6	7	Polio	10/06/1998	01/29/1999	04/27/1999	04/01/2003				Mumps	09/30/1999	08/01/2003						Varicella	08/01/2003	01/03/2007						Rubella	09/30/1999	08/01/2003						Measles	09/30/1999	08/01/2003						Hepatitis A								DTP/Td/Tdap	10/05/1998	01/29/1999	04/27/1999	09/30/1999	08/01/2003	10/15/2009		HIB								Hepatitis B	07/22/1998	10/01/1998	01/22/1999				
Mark	Normal	AP																																																																																																																		
A	4	5																																																																																																																		
B	3	4																																																																																																																		
C	2	3																																																																																																																		
D	1	2																																																																																																																		
F	0	0																																																																																																																		
I	0	0																																																																																																																		
NG	0	0																																																																																																																		
W	0	0																																																																																																																		
Immunization	1	2	3	4	5	6	7																																																																																																													
Polio	10/06/1998	01/29/1999	04/27/1999	04/01/2003																																																																																																																
Mumps	09/30/1999	08/01/2003																																																																																																																		
Varicella	08/01/2003	01/03/2007																																																																																																																		
Rubella	09/30/1999	08/01/2003																																																																																																																		
Measles	09/30/1999	08/01/2003																																																																																																																		
Hepatitis A																																																																																																																				
DTP/Td/Tdap	10/05/1998	01/29/1999	04/27/1999	09/30/1999	08/01/2003	10/15/2009																																																																																																														
HIB																																																																																																																				
Hepatitis B	07/22/1998	10/01/1998	01/22/1999																																																																																																																	
Enter Date 09/03/2014			Graduation Date																																																																																																																	
Leave Date																																																																																																																				
Class of 2017																																																																																																																				

Registrar Signature

09/02/2015

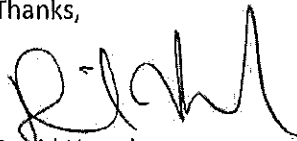
Dear Tom,

I am writing in regards to Tyler Poteet, a junior football player at Crater High School. Tyler was identified for an IEP after his freshman year and thus his grades suffered until he was identified. Tyler currently has 17 credits and is doing well at Crater. In fact, he passed all 5 of his classes last spring.

We believe that Tyler's learning disability was a key factor in not passing 6 of his classes until he was identified with a disability.

I have enclosed a letter from his IEP teacher with his transcripts and are hoping that you will declare this an academic hardship and that Tyler can play football this season.

Thanks,

A handwritten signature in black ink, appearing to read 'D. Heard', with a stylized, flowing script.

David Heard  
Crater High School  
Athletic Director

Central Point School District #6  
699 North 3<sup>rd</sup>  
Central Point, Oregon  
August 31, 2015

Regarding: Application for hardship waiver for Tyler Poteet

Dear OSAA:

I am writing you in regards to a student that Central Point School District would like your consideration for a hardship waiver to play football. The student is named Tyler Poteet. He has been to our district 1 year and we determined during that year we would have to significantly modify coursework or he would not be able to access his classes. The IEP Team placed him on a modified diploma last year (see IEP Transition Page include) after we became aware of the severe discrepancy between his current skill level and those needed to pass classes. He transferred from Henderson, Nevada at the beginning of last year and has been to several schools in his career as a student. I believe a major part of his early school failure (first couple years in high school and prior) may have been due to insufficient support from districts not fully aware of his low skills due to those frequent moves. We have added increased support and have seen him become successful with it. Tyler has a great attitude and has thrived during practice according to the coach and assistants. He shows up every day, works hard, and is a positive influence to his teammates. My hope is that if he were given a hardship waiver and was able to play football with the team he has been practicing with, he will exceed and build his confidence even more.

Thank you for your consideration,

Matt Hartt, School Psychologist 8/31/15

*Matt Hartt* 8/31/15

## Amerilyn Rivett

---

**From:** David Heard <david.heard@district6.org>  
**Sent:** Wednesday, September 02, 2015 11:03 AM  
**To:** Tom Welter  
**Cc:** Amerilyn Rivett  
**Subject:** FW: Attached Image  
**Attachments:** 1193\_001.pdf

Tom,

Attached is the second academic hardship that I talked with you about.....sorry I couldn't do it on line.

Thanks,  
David

**From:** David Heard [mailto:david.heard@district6.org]  
**Sent:** Wednesday, September 02, 2015 8:59 AM  
**To:** David Heard <david.heard@district6.org>  
**Subject:** Attached Image