

DATE \_\_\_\_\_

### APPLICATION TO CLASSIFICATION AND LEAGUE ORGANIZING COMMITTEE

Person submitting \_\_\_\_\_ School \_\_\_\_\_

Phone \_\_\_\_\_ Present League \_\_\_\_\_

Enrollment (Oct. 1, 2011 count):

Nature of Request:       League Change       Classification Change       Other

State Request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Current Status:

A. Classification \_\_\_\_\_

B. League \_\_\_\_\_ [If request involves league change, list current league members and travel distance from your school to each member].

School	Miles	School	Miles
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Proposed Status:

A. Classification \_\_\_\_\_

B. League \_\_\_\_\_ [If request involves league change, list current league members and travel distance from your school to each member].

School	Miles	School	Miles
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Impact Statement:

A. What is the financial impact of the change on your school and other schools?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. What is the impact of this proposal on loss of school time?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. What is the impact of this proposal on safety of students?

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D. Other impacts?

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4. If league alignment proposal, all affected leagues must take a vote on the proposed change.

A. Sending League \_\_\_\_\_ Date \_\_\_\_\_

Vote:  Yes  No  Abstain  Absent President signature \_\_\_\_\_

B. Receiving League \_\_\_\_\_ Date \_\_\_\_\_

Vote:  Yes  No  Abstain  Absent President signature \_\_\_\_\_

C. Other Leagues \_\_\_\_\_ Date \_\_\_\_\_

Vote:  Yes  No  Abstain  Absent President signature \_\_\_\_\_

5. Additional Information: [attach additional sheets as needed]

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6. Committee Action: [For CHSAA Office Use]

CLOC vote on proposed change:  Yes  No  Abstain

Adopt proposal as submitted  Adopt proposal as amended

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Proposal will not be submitted to Board of Control

Other \_\_\_\_\_

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CHSAA Commissioner \_\_\_\_\_ CLOC Chairman \_\_\_\_\_

Date \_\_\_\_\_