

APPLICATION TO CLASSIFICATION AND LEAGUE ORGANIZING COMMITTEE

Date: _____

Person submitting: _____ School: _____

Phone: _____ Present League: _____

Enrollment count (October 1, 2016) _____

Nature of Request: [] League Change [] Classification Change [] Other

State Request:

[Empty box for 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.)

Table with 4 columns: School, Miles, School, Miles. 8 empty rows.

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.)

Table with 4 columns: School, Miles, School, Miles. 8 empty rows.

3. Impact Statement:

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

[Empty box for Impact Statement]

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?

D. Other impacts?

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 Presidents Signature: _____

B. Receiving League: _____ Date: _____

Vote: Yes No Abstain Absent Presidents Signature: _____

C. Other Leagues: _____ Date: _____

Vote: Yes No Abstain Absent Presidents Signature: _____

5. Additional Information: (attach additional sheets as needed)