Oregon School Activities Association
25200 SW Parkway Avenue, Suite 1, Wilsonville, OR 97070
503.682.6722 http://www.osaa.org ***School maintains form.***

# High School Equivalency Parent Checklist

Oregon law (***ORS 339.030***, and ***ORS 339.460***) and OSAA regulations allow activities participation by high school equivalency students at OSAA member schools under certain circumstances. This checklist is intended to assist parents in determining whether their child is eligible under the applicable regulations to participate at an OSAA member school. ***Be aware that the OSAA has eligibility rules beyond those required by the ODE.*** More specific information, and answers to specific eligibility questions ***can be accessed*** by calling the OSAA Office at 503.682.6722.

A high school equivalency student may be eligible to represent an OSAA member school in competition ONLY if the answer to each of the following questions is, "Yes."

Yes No N/A ***Name of Student*** _____

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| ☐ | ☐ | ☐ | Was your student registered as a ***high school equivalency*** student prior to the first day of school at the school the student wishes to represent in competition this year? |
| ☐ | ☐ | ☐ | If your **s**tudent wishes to represent a PUBLIC high school in competition, is your Joint Residence within the attendance boundaries of the public high school they wish to represent? |
| ☐ | ☐ | ☐ | If your student wishes to represent a PRIVATE high school in competition, is your Joint Residence within the attendance boundaries of the public high school in whose attendance boundaries the private high school is located? |
| ☐ | ☐ | ☐ | Does your student meet all of the participation requirements of the high school they wish to represent in competition except class attendance or academic eligibility requirements? |
| ☐ | ☐ | ☐ | Does your student meet the same standards of behavior and performance including related class or practice requirements that must be met by the other student participants at the high school they wish to represent in competition? |
| ☐ | ☐ | ☐ | Has your student ***demonstrated prior to beginning the interscholastic activity each year, that they have passed at least one practice test administered through the high school equivalency program?*** |
| ☐ | ☐ | ☐ | If your student transferred from a public or private high school to a ***high school equivalency program,*** was the student academically eligible to participate in OSAA activities at the time of the transfer? |
| ☐ | ☐ | ☐ | If your student transferred from a public or private high school to a ***high school equivalency program*** within the last calendar year, did the transfer occur in between school years or during the school year but without a change to the student's school of representation? |
| ☐ | ☐ | ☐ | If your student has represented a high school in competition within the past calendar year, do they intend to represent the same school this year? |
| ☐ | ☐ | ☐ | Does your student meet all OSAA age and duration of eligibility (5th year) restrictions? |

***Parent Signature*** _____ ***Date*** _____