

# Georgia Association of Private & Parochial Schools

Fayetteville, GA 30214  
[www.gappschools.com](http://www.gappschools.com)  
contact@gappschools.com  
(678) 679-7123



## Hardship Appeal Application

Completed Application to be submitted to Executive Director  
Hardship Appeal Application must be submitted by Current or Receiving School

**NOTE: Hardship Application must be a case of true "hardship and beyond the control of the school, the student, and his/her parents.**

SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_

STUDENT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PREVIOUSLY ATTENDED

SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_

ELIGIBILITY REGULATION REQUESTING TO BE WAIVED:

CHECK:  Migratory  Academic  Eight-Semesters

\_\_\_\_\_  
(Head of School's Signature)

\_\_\_\_\_  
(Date)

### THE FOLLOWING MUST BE INCLUDED WITH THIS REQUEST (if applicable):

1. Form A (for non-migratory students)
2. Form B (for migratory students) to be completed by Headmaster/Principal of Previous School
3. Letter from Headmaster/ Principal on particulars of situation (must include documentation if applicable): divorce, (include custodial papers), separation, guardianship, letters of agreement, death of parent (include death certificate), broken home, financial situation, illness record of child or family, hospitalization, or any other situations
4. May include supporting documentation and additional information from family, doctors, minister, social agencies court, and others.

EXECUTIVE DIRECTOR'S REVIEW: Date \_\_\_\_\_ or Signature \_\_\_\_\_

President \_\_\_\_\_ Date \_\_\_\_\_

If denied, the school making application may appeal the decision under section 4 of GAPPS Constitution. **The Committee will not hear any appeal unless a school representative are present at the hearing (Hardship, Appeal, and/or Executive Committee)**

**If an appeal is requested under Article IV, Section 4, an agenda indicating the time of your hearing will be emailed to your school contact approximately 5 days before the hearing date.**

Hearing Date: \_\_\_\_\_

**If you wish to withdraw the case, you must call and cancel the appointment or your school will be fined \$100.00**

RULING MADE BY APPEAL COMMITTEE: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

**Hardship Appeal Application – FORM A**

Hardship Appeal Application, Form A must be submitted by Current or Receiving School

**Please provide any necessary information relevant to this Hardship Appeal below:**

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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**Hardship Appeal Application – RESPONSE FROM SENDING SCHOOL – FORM B**

THIS FORM IS TO BE RETURNED TO THE REQUESTING SCHOOL

STUDENT \_\_\_\_\_

Was the student eligible for athletic participation when he/she left your school? Yes  No

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In your opinion, which of the following statements apply to this situation?

- I do not believe a representative from another school recruited this student or used undue influence to encourage this student to transfer.
- I do not know if a representative from another school recruited this student or used undue influence to encourage this student to transfer.
- I suspect that a representative from another school recruited this student or used undue influence to encourage this student to transfer. (Note: Please provide specific details to validate your suspicion)

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In your opinion, which of the following statements apply to this situation? (Please furnish additional comments if you desire)

- I know the facts of this case and I believe that a hardship exists.
- I know the facts of this case and I DO NOT believe that a hardship situation exists (Please provide information to support your opinion).
- I am not familiar enough with the facts of this case to form an opinion about whether a hardship situation exists.

\_\_\_\_\_  
(Principal's Signature)

\_\_\_\_\_  
(Athletic Director's Signature)

SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_