



APPLICATION FOR RESIDENTIAL ELIGIBILITY

For more information see "Understanding Transfer Eligibility for
Parents' Handbook at www.cifstate.org **FORM 207/209/510**



Transfers who want an exception to limited eligibility for Hardship reasons

SUBMIT ORIGINAL TO: CCS, 6830 Via Del Oro, Suite 103, San Jose CA 95119 DO NOT FAX!

NOTE: SUBMIT ONLY THE ORIGINAL DOCUMENT. ALLOW 20 BUSINESS DAYS FOR INVESTIGATION AND REVIEW. AT THE TIME OF FILING THIS DOCUMENT, SUBMIT ALL KNOWN FACTS AND/OR DOCUMENTS. ADDITIONAL FACTS SUBMITTED LATE MAY NOT BE CONSIDERED BY THE COMMISSIONER.

<p>1. STUDENT'S NAME _____ DATE OF BIRTH ____/____/____</p> <p>2. CURRENT ADDRESS _____ PHONE (____) _____ (city) (zip) (area code)</p> <p>3. FORMER ADDRESS _____ (city) (zip)</p> <p>4. TRANSFER FROM _____ HIGH SCHOOL TO _____ HIGH SCHOOL (previous school name) (new school name)</p> <p>5. ENROLLED IN PREVIOUS SCHOOL FROM ____/____/____ TO ____/____/____ Began attending NEW school on: ____/____/____ (high school enrollment only) (month/day/year) (month/day/year) (month/day/year)</p> <p>6. LIST IN ORDER ANY OTHER HIGH SCHOOLS ATTENDED: _____ and list IN ORDER dates of attendance under high school name _____ DATES ATTENDED: to/from to/from to/from</p>	<p>Circle one: 9 10 11 12 (yr in school)</p>
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7. APPLICATION MADE UNDER THE FOLLOWING: (Please check next to the one for which you are applying:)

<input type="checkbox"/>	APPLICATION FOR 1ST TRANSFER PRIOR TO THE BEGINNING OF THE 3RD CONSECUTIVE SEMESTER SINCE ENROLLING IN THE 9TH GRADE..BY-LAW 207 A..3
<input type="checkbox"/>	APPLICATION FOR NON DISCIPLINARY TRANSFER WITH NO PARTICIPATION IN ANY SPORTS AT ANY LEVEL IN THE PREVIOUS 12 MONTHS—BY-LAW 207B.1
<input type="checkbox"/>	APPLICATION FOR TRANSFER LIMITED ELIGIBILITY ONLY—BY-LAW 207.B
<input checked="" type="checkbox"/>	APPLICATION FOR TRANSFER HARDSHIP VARSITY ELIGIBILITY EXCEPTION BYLAW 208: attach documentation!
<input type="checkbox"/>	APPLICATION FOR TRANSFER IN A CIF-APPROVED FOREIGN EXCHANGE PROGRAM: _____ (name of program-CIF Bylaw 209)
<input type="checkbox"/>	Name of Public High School in which attendance area the host family resides _____
<input type="checkbox"/>	APPLICATION FOR TRANSFER FROM A FOREIGN COUNTRY NOT IN A CIF-APPROVED EXCHANGE PROGRAM

8. PLACE A CHECK MARK IN FRONT OF EACH SPORT YOUR COMPETED IN AN INTERSCHOLASTIC SPORT CONTEST AT ANY LEVEL IN DURING THE 12 MONTHS PRECEDING THE TRANSFER AT YOUR PREVIOUS SCHOOL:

This includes all scrimmages, practice games, pre-season games, league games, playoff games etc! ANY contest of ANY kind											
<input type="checkbox"/>	BADMINTON	<input type="checkbox"/>	BASEBALL	<input type="checkbox"/>	BASKETBALL	<input type="checkbox"/>	CROSS COUNTRY	<input type="checkbox"/>	FIELD HOCKEY	<input type="checkbox"/>	FOOTBALL
<input type="checkbox"/>	GOLF	<input type="checkbox"/>	GYMNASTICS	<input type="checkbox"/>	LACROSSE	<input type="checkbox"/>	SKIING	<input type="checkbox"/>	SOCCER	<input type="checkbox"/>	SOFTBALL
<input type="checkbox"/>	SWIMMING	<input type="checkbox"/>	TENNIS	<input type="checkbox"/>	TRACK	<input type="checkbox"/>	VOLLEYBALL	<input type="checkbox"/>	WATER POLO	<input type="checkbox"/>	WRESTLING
<input type="checkbox"/>	I DID NOT PLAY SPORTS AT ANY LEVEL AT ANY SCHOOL IN THE LAST 12 MONTHS										

9. FORMER SCHOOL ATHLETIC DIRECTOR'S SIGNATURE AFFIRMING THE ABOVE: _____

10. STUDENT'S GPA IN THE LAST GRADING PERIOD AT THE PREVIOUS SCHOOL _____ . _____ GPA

11. CERTIFICATION OF APPLICATION: By filing this application for interscholastic athletic eligibility, I specifically authorize any and all of this student's former and current/new high schools to release all records regarding this student and to disclose to the CIF Section ("CIF") representative any information or documentation needed or requested by the "CIF" in making this eligibility determination. I authorize the "CIF" to use that information in making its decision. I understand that the "CIF" may be unable to grant athletic eligibility absent the disclosure of relevant information or documentation from this student's former or current/new high schools. I am authorized to make this request. I affirm that all of the above statements are true to the best of my knowledge. I further affirm that I understand that if subsequent to the approval of this application, it is discovered that this approval was granted under false, erroneous, inaccurate or incomplete information, severe penalties affecting the future eligibility of this student-athlete may result. (CIF By-law 200)

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF STUDENT

DATE

FORMER SCHOOL-*please initial all that apply and sign below:*

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	STUDENT WAS ACADEMICALLY ELIGIBLE AT TIME OF TRANSFER	<input type="checkbox"/>	<input type="checkbox"/>	STUDENT MET ALL OTHER CIF ELIGIBILITY RULES AT TIME OF TRANSFER
<input type="checkbox"/>	<input type="checkbox"/>	STUDENT IS TRANSFERRING WITH NO DISCIPLINARY ACTION TAKEN OR PENDING			

Please Print Former School Principal's Name: _____

Former School Principal's Signature _____ Date: _____

510 PRE-ENROLLMENT CONTACT AFFIDAVIT (By-law 510)—READ CAREFULLY BEFORE SIGNING!!!!

PARENT'S AND STUDENT STATEMENT'S #1, AND/OR 2, OR 3

1. SIGN IF TRUE: By signing this affidavit below, I certify that no person who is connected with the athletic department of the enrolling (new) school (School "B"), or is part of the booster club of School "B" or who was acting on their behalf has had ANY communication, directly or indirectly, through intermediaries or otherwise with this transfer student, student's parents, legal guardian or caregiver, or anyone acting on behalf of this student, prior to the completion of the enrollment process at School "B". (Sign below only if this is a true statement. If not sign statement #3 and attach an explanation)

 Parent's Signature Date Student's Signature Date

2. SIGN IF TRUE: By signing this affidavit below, I certify that the student has not participated during the previous 24 months on any non-school athletic team* (i.e., AAU, American Legion, club team, etc.) that is associated with or coached by anyone associated with the enrolling (new) school (School "B"). (*See Bylaw 510 for definition of a non-school athletic team.) (Sign below only if this is a true statement. If not, sign statement #3 and attach an explanation)

 Parent's Signature Date Student's Signature Date

OR

3. SIGN IF EITHER #1 OR #2 ABOVE ARE NOT TRUE: I am unable to certify that one or both of the above statements are true. Therefore, as required, I am submitting a complete written disclosure of the specifics. (Attach the explanation to this form.)

 Parent's Signature Date Student's Signature Date

FORMER AND CURRENT/NEW SCHOOL STATEMENTS

My signature below attests that to the best of my knowledge I have no credible** evidence of any person who is connected with the athletic department of the new school (School "B") or who is part of the booster club of the new school (School "B") or who is acting on their behalf, having communication, directly or indirectly, through intermediaries or otherwise with the transfer student, student's parents, legal guardian or caregiver, or anyone acting on behalf of the student, prior to the completion of the enrollment process. Furthermore, I am not aware of this student participating during the previous 24 months on any non-school athletic team* that is associated with the enrolling (new) school (School "B"). (*See Bylaw 510 for definition of a non-school athletic team.)

<u>Former School Signatures</u>	<u>Current/New School Signatures</u>
_____ Signature of Athletic Director of former school Date	_____ Signature of Athletic Director of new school Date
_____ Signature of Head Coach of former school (fall) Sport Date	_____ Signature of Head Coach of new school (fall) sport Date
_____ Signature of Head Coach of former school (winter) Sport Date	_____ Signature of Head Coach of new school (winter) Sport Date
_____ Signature of Head Coach of former school (spring) Sport Date	_____ Signature of Head Coach of former school (spring) Sport Date
_____ Signature of Principal of former school Date	_____ Signature of Principal of new school Date

OR I am unable to certify that one or both of the above statements are true. Therefore, as required, I am submitting a complete written disclosure of the specifics. (Attach the explanation to this form-CHECK BELOW AND SIGN.)

_____ Signature of FORMER Principal unable to certify statement above Date	_____ Signature of NEW Principal unable to certify statement above. Date
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