



APPLICATION FOR RESIDENTIAL ELIGIBILITY

For more information see www.cifstate.org



FORM 207.A.3/510

Students who are transferring for the first time in high school and are coming from a school located in the U.S. and are transferring no later than the beginning of 3rd semester

Please complete all fields-incomplete applications will be denied

Circle Grade:
9 10 11 12

1. STUDENT'S NAME _____ DATE OF BIRTH ____/____/____
(Grade Level @ time of enrollment in new school)

2. CURRENT ADDRESS _____ PHONE (____) _____
(city) (zip) (area code)

3. FORMER ADDRESS _____
(city) (zip)

4. TRANSFER FROM _____ HIGH SCHOOL TO _____ HIGH SCHOOL
(previous school name) (new school name)

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)

6. LIST IN ORDER ANY **OTHER** HIGH SCHOOLS ATTENDED: 1. _____ Attended From: _____ To: _____
and list IN ORDER dates of attendance under high school name 2. _____ Attended From: _____ To: _____
3. _____ Attended From: _____ To: _____

Previous School(s) Enrollment Dates (month/day/year)

7. APPLICATION MADE UNDER THE FOLLOWING:

APPLICATION FOR 1ST TRANSFER PRIOR TO THE BEGINNING OF THE 3RD CONSECUTIVE SEMESTER SINCE ENROLLING IN THE 9TH GRADE: BY-LAW 207 A.3

8. PLACE A CHECK MARK IN FRONT OF EACH SPORT IN WHICH YOU COMPETED IN AN INTERSCHOLASTIC (High School) CONTEST AT ANY LEVEL (FRESHMAN OR JV or FR-SOPH or VARSITY) AT YOUR PREVIOUS SCHOOL DURING THE 12 MONTHS BEFORE THIS TRANSFER:

This includes all scrimmages, practice games, pre-season games, league 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 |

I DID NOT PLAY SPORTS AT ANY LEVEL IN THE 12 MONTHS BEFORE I TRANSFERRED TO THIS NEW SCHOOL

9. FORMER SCHOOL ATHLETIC DIRECTOR'S SIGNATURE CONFIRMING SPORTS PARTICIPATION AS INDICATED ABOVE: Former AD Signature Required!

10. FORMER SCHOOL-please initial all that apply and sign below (see also page 2):

| | | | |
|---|--|--|--|
| YES NO | Student is transferring with NO disciplinary action pending or which has been taken at the time of transfer from our school. | YES NO | Student met all other CIF and/or school Eligibility Rules at the time of transfer to the best of my knowledge. |
| <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | |
| <input type="checkbox"/> <input type="checkbox"/> | Student was ACADEMICALLY eligible at our school at the time of transfer | STUDENT'S GPA IN THE LAST GRADING PERIOD AT THE PREVIOUS SCHOOL _____ . _____ GPA | |

Former School Principal's Signature _____ Date: _____

Print Principal's Name _____

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)

510 PRE-ENROLLMENT CONTACT AFFIDAVIT (By-law 510)

PARENT AND STUDENT STATEMENTS **Read #1, #2 and #3 carefully before signing.**

1 SIGN IF TRUE: By signing this affidavit below, I certify that no person who is associated* 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". (*Associated is defined in CIF Bylaw 510)

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.) (*Associated is defined in CIF Bylaw 510)

Parent's Signature _____ Date _____ Student's Signature _____ Date _____

Sign #3 below if you could not sign that BOTH #1 and #2 above were true.

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 _____

510-FORMER AND CURRENT(NEW) SCHOOL STATEMENTS

1. My signature below attests that to the best of my knowledge I have no credible** evidence of any person who is associated* 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.
2. **AND** 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 and the term "associated")

IF THESE STATEMENTS ARE BOTH TRUE, AD, Principals and Coach(es), SIGN IN BOX 1; IF NOT, then Principal only should sign Box 2

| <u>FORMER School Signatures</u> | <u>CURRENT/NEW School Signatures</u> |
|--|--|
| AD, Principal & any coach for which this student played should sign | AD, Principal & any coach for which this student wishes to play should sign |
| Signature of Athletic Director of former school _____ Date _____ | Signature of Athletic Director of new school _____ Date _____ |
| Signature of Head Coach (fall) _____ Sport _____ Date _____ | Signature of Head Coach (fall) _____ Sport _____ Date _____ |
| Signature of Head Coach (winter) _____ Sport _____ Date _____ | Signature of Head Coach (winter) _____ Sport _____ Date _____ |
| Signature of Head Coach (spring) _____ Sport _____ Date _____ | Signature of Head Coach (spring) _____ Sport _____ Date _____ |
| Signature of Principal of former school _____ Date _____ | Signature of Principal of new school _____ Date _____ |

BOX 2 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.)**

| | |
|---|--|
| <input type="checkbox"/> _____ Signature of FORMER Principal unable to certify statements above are both true. _____ Date _____ | <input type="checkbox"/> _____ Signature of CURRENT Principal unable to certify statements above are both true. _____ Date _____ |
|---|--|

NEW SCHOOL ONLY should mail completed, original to CCS, 6830 Via Del Oro, Suite 103, San Jose CA 95119 OR scan and e-mail application and all documents to Michael Mancuso

NOTE: SUBMIT 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.