

APPLICATION FOR RESIDENTIAL ELIGIBILITY

For more information see www.cifstate.org



FORM 209/510

DO NOT FAX!

Use for transfer from foreign country, NOT in approved exchange program, who is returning to their former CCS member school in the U.S.

(A-B-A; B=FOREIGN SCHOOL)

Please complete all fields-incomplete applications will be denied

Circle Grade:

1. STUDENT'S NAME _____ DATE OF BIRTH ____/____/____ 9 10 11 12
 (Grade Level @ time of enrollment in new school)

2. CURRENT ADDRESS _____ (_____) _____
 (host family home) (city) (zip code) (phone)

3. FORMER ADDRESS _____
 (home address) (city) (country) (zip/postal code)

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 equivalent enrollment only) (month/day/year) (month/day/year) (month/day/year)

6. LIST IN ORDER ANY OTHER HIGH SCHOOLS ATTENDED: **Previous School(s) Enrollment Dates-** (month/date/year)
 and list IN ORDER dates of attendance under high school name 1. Attended From: _____ To: _____
 2. Attended From: _____ To: _____
 3. Attended From: _____ To: _____

7. APPLICATION MADE UNDER THE FOLLOWING:

CHECK ONE

- APPLICATION FOR TRANSFER FROM A FOREIGN COUNTRY NOT IN A CIF-APPROVED EXCHANGE PROGRAM BACK TO FORMER CCS MEMBER SCHOOL
- APPLICATION FOR TRANSFER LIMITED ELIGIBILITY ONLY---BY-LAW 209
- APPLICATION FOR TRANSFER HARDSHIP VARSITY ELIGIBILITY EXCEPTION BYLAWS 209 & 208—ATTACH DOCUMENTATION AND DESCRIPTION OF HARDSHIP CIRCUMSTANCES

8. PLACE A A OR B IN FRONT OF EACH SPORT LISTED BELOW IN WHICH YOU COMPETED FOR SCHOOL A OR ANY SCHOOL OR CLUB TEAM WHILE ENROLLED IN SCHOOL B, 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 AT SCHOOL "A" IN THE TWELVE MONTHS BEFORE I RETURNED TO SCHOOL A

9. FORMER SCHOOL (SCHOOL A) DIRECTOR OF ATHLETICS SIGNATURE CONFIRMING SPORTS PARTICIPATION AS INDICATED ABOVE: _____ School "A" AD Signature Required

I DID NOT PLAY SPORTS AT ANY LEVEL AT SCHOOL "B" IN THE LAST TWELVE MONTHS BEFORE I RETURNED TO SCHOOL A NOR DID I PARTICIPATE IN ANY CLUB TEAM DURING THE TIME I WAS ENROLLED IN SCHOOL "B"

9. FORMER SCHOOL (SCHOOL B) OR CLUB DIRECTOR (in whose club you played the sports indicated above with a "B" during the time you were enrolled in school B) SIGNATURE _____ Required if you played sports!

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 Grade Point Average 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)

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____ SIGNATURE OF STUDENT _____ DATE _____

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 "A"), or is part of the booster club of School "A" 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, during the time this student was enrolled in School "B" & prior to their return to School "A". (*Associated is defined in CIF Bylaw 510)

Parent's Signature	Date	Student's Signature	Date
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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 "A"). (*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
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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
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510-FORMER (School B) AND CURRENT(NEW-School A) 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 "A") or who is part of the booster club of the new school (School "A") 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, during the time this student was enrolled in School "B" & prior to their return to School "A".
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 "A"). (*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 & attach statement(s) describing what makes 1 or 2 untrue.

<p style="text-align: center;">FORMER School B Signatures</p> <p>AD, Principal & any coach for which this student played should sign</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; border-bottom: 1px solid black;">Signature of Athletic Director of former school</td> <td style="width:30%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Sport Signature of Coach</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Sport Signature of Coach</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Sport Signature of Coach</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of Principal of former school</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> </table>	Signature of Athletic Director of former school	Date	Sport Signature of Coach	Date	Sport Signature of Coach	Date	Sport Signature of Coach	Date	Signature of Principal of former school	Date	<p style="text-align: center;">CURRENT/NEW School A Signatures</p> <p>AD, Principal & any coach for which this student wishes to play should sign</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; border-bottom: 1px solid black;">Signature of Athletic Director of new school</td> <td style="width:30%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Sport Signature of Head Coach (fall)</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Sport Signature of Head Coach (winter)</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Sport Signature of Head Coach (spring)</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of Principal of new school</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> </table>	Signature of Athletic Director of new school	Date	Sport Signature of Head Coach (fall)	Date	Sport Signature of Head Coach (winter)	Date	Sport Signature of Head Coach (spring)	Date	Signature of Principal of new school	Date
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<p>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.)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> Signature of FORMER Principal unable to certify statements above are both true. </td> <td style="width:50%; border-bottom: 1px solid black;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> Signature of CURRENT Principal unable to certify statements above are both true. </td> </tr> <tr> <td style="text-align: center;">Date</td> <td style="text-align: center;">Date</td> </tr> </table>		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> Signature of FORMER Principal unable to certify statements above are both true.	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> Signature of CURRENT Principal unable to certify statements above are both true.	Date	Date																
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Date	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