



APPLICATION FOR RESIDENTIAL ELIGIBILITY

For more information see www.cifstate.org



FORM 209/510

Transfer from foreign country IN a CIF-approved FOREIGN EXCHANGE PROGRAM-see CIF 209 for list of approved programs

Please complete all fields-incomplete applications will be denied

Circle Level: 9 10 11 12
(Grade Level @ time of enrollment in new school)

1. STUDENT'S NAME _____ DATE OF BIRTH ____/____/____
(host family home) (city) (zip code) (phone)

2. CURRENT ADDRESS _____
(home address) (city) (country) (zip/postal code)

3. FORMER ADDRESS _____
(previous school name) HIGH SCHOOL TO _____ HIGH SCHOOL
(new school name)

4. 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)

5. LIST IN ORDER ANY **OTHER** HIGH SCHOOLS ATTENDED: **Previous School(s)** **Enrollment Dates**
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:

APPLICATION FOR TRANSFER IN A CIF-APPROVED FOREIGN EXCHANGE PROGRAM: _____
(name of program-CIF Bylaw 209)
Name of Public High School in which attendance area the host family resides _____

a. CHECK 1 This student HAS HAS NOT Graduated from High School Equivalent in their home country

b. NOT including pre-school or kindergarten indicate TOTAL number of years that this student has been enrolled in regular schooling: _____

c. Student's GPA in the LAST GRADING PERIOD at the previous school _____ GPA

8. PLACE A CHECK MARK IN FRONT OF EACH SPORT IN WHICH YOU COMPETED IN A SPORT CONTEST AT ANY LEVEL FOR ANY SCHOOL OR CLUB TEAM DURING THE 12 MONTHS IMMEDIATELY BEFORE THIS TRANSFER TO THIS CCS MEMBER 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

THIS STUDENT DID NOT PLAY SPORTS AT ANY LEVEL IN THE 12 MONTHS BEFORE HE/SHE TRANSFERRED TO THE CCS MEMBER SCHOOL (NEW SCHOOL)

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 HOST OR PARENT/GUARDIAN _____

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 "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
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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 "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
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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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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 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.
- 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 & attach statement(s) describing what makes 1 or 2 untrue.**

<p align="center"><u>FORMER School Signatures</u></p> <p align="center">Not Required for BOX 1</p> <p align="center">students in CIF-approved foreign exchange programs</p> <table style="width:100%;"> <tr> <td style="width:80%;">Signature of Athletic Director of former school</td> <td style="width:20%; text-align: center;">Date</td> </tr> <tr> <td>Sport Signature of Head Coach</td> <td style="text-align: center;">Date</td> </tr> <tr> <td>Sport Signature of Head Coach</td> <td style="text-align: center;">Date</td> </tr> <tr> <td>Sport Signature of Head Coach</td> <td style="text-align: center;">Date</td> </tr> <tr> <td>Signature of Principal of former school</td> <td style="text-align: center;">Date</td> </tr> </table>	Signature of Athletic Director of former school	Date	Sport Signature of Head Coach	Date	Sport Signature of Head Coach	Date	Sport Signature of Head Coach	Date	Signature of Principal of former school	Date	<p align="center"><u>CURRENT/NEW School Signatures</u></p> <p align="center">AD, Principal & any coach for which this student wishes to play should sign</p> <table style="width:100%;"> <tr> <td style="width:80%;">Signature of Athletic Director of new school</td> <td style="width:20%; text-align: center;">Date</td> </tr> <tr> <td>sport Signature of Head Coach (fall)</td> <td style="text-align: center;">Date</td> </tr> <tr> <td>Sport Signature of Head Coach (winter)</td> <td style="text-align: center;">Date</td> </tr> <tr> <td>Sport Signature of Head Coach (spring)</td> <td style="text-align: center;">Date</td> </tr> <tr> <td>Signature of Principal of new school</td> <td style="text-align: center;">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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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 style="width: 80px; height: 20px;" type="text"/> Signature of FORMER Principal unable to certify statements above are both true.	Date
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<input style="width: 80px; height: 20px;" type="text"/> Signature of CURRENT Principal unable to certify statements above are both true.	Date
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**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.