



DO NOT FAX

APPLICATION FOR RESIDENTIAL ELIGIBILITY

For more information see at www.cifstate.org



FORM 209/510

Use for students who, under the auspices of a foreign exchange program, attend school B in a foreign country and then return to their former CCS-member school. A-B-A.

Please complete all fields-incomplete applications will be denied

1. STUDENT'S NAME DATE OF BIRTH Circle Current Grade: 9 10 11 12
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 BACK TO: (previous school (B) name) (former and current school (A) name)
5. ENROLLED IN PREVIOUS SCHOOL B FROM / /20 TO / /20 Returned to School A on: / /20
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:

7. APPLICATION MADE UNDER THE FOLLOWING:

X APPLICATION FOR TRANSFER FOR A STUDENT FROM A SCHOOL (SCHOOL B) IN A FOREIGN COUNTRY WHO IS RETURNING TO THE FORMER SCHOOL (SCHOOL A) and was under the auspices of a foreign exchange program at B
Name of Foreign Exchange program:

8. Place a CHECK MARK in front of each sport in which this student competed in a high school contest AT ANY LEVEL (Freshman or JV or Fr/Soph or Varsity) @ SCHOOL A during the 12 months before this transfer BACK TO SCHOOL A:

ANY contest of ANY kind (scrimmages, practice games, pre-season games, league games, playoff games etc in which this student played at school A in the 12 months BEFORE the date in #5 above "Returned to School A on:

BADMINTON BASEBALL BASKETBALL CROSS COUNTRY FIELD HOCKEY FOOTBALL
GOLF GYMNASTICS LACROSSE SKIING SOCCER SOFTBALL
SWIMMING TENNIS TRACK VOLLEYBALL WATER POLO WRESTLING

I DID NOT PLAY SPORTS AT ANY LEVEL @ SCHOOL "A" IN THE 12 MONTHS BEFORE I RETURNED TO SCHOOL A

9. SCHOOL A's ATHLETIC DIRECTOR'S SIGNATURE CONFIRMING SPORTS PARTICIPATION AS INDICATED ABOVE: School "A" AD Signature Required

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

YES NO 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 (School B) Principal's Signature Date:
Print Principal's Name

12. 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 202)

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  
**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

**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 (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><b>FORMER School B Signatures</b> AD, Principal &amp; any coach for which student played should sign</p> <p>Signature of Athletic Director of former school Date</p> <p>Sport Signature of Coach Date</p> <p>Sport Signature of Coach Date</p> <p>Sport Signature of Coach Date</p> <p>Signature of Principal of former school Date</p>	<p><b>CURRENT/NEW School A Signatures</b> AD, Principal &amp; any coach for which this student wishes to play should sign</p> <p>Signature of Athletic Director of new school Date</p> <p>Sport Signature of Head Coach (fall) Date</p> <p>Sport Signature of Head Coach (winter) Date</p> <p>Sport Signature of Head Coach (spring) Date</p> <p>Signature of Principal of new school Date</p>
<p><b>BOX 2</b> 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>	
<p>Signature of <b>FORMER Principal</b> unable to certify statements above are both true. Date</p>	<p>Signature of <b>CURRENT Principal</b> unable to certify statements above are both true. Date</p>

**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 COMMI**