



APPLICATION FOR TRANSFER ELIGIBILITY

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



SUBMIT TO: CIF San Francisco Section, 555 Portola Drive, Room 250, San Francisco, CA 94131

NOTE: 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.

Circle one: 9 10 11 12
(yr in school)

1. STUDENT'S NAME _____ DATE OF BIRTH ___/___/___

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 ALL HIGH SCHOOLS & DATES ATTENDED: _____

7. APPLICATION MADE UNDER THE FOLLOWING: (Please check next to the one for which you are applying:)

- APPLICATION FOR 1ST TRANSFER PRIOR TO THE BEGINNING OF THE 3RD CONSECUTIVE SEMESTER SINCE ENROLLING IN THE 9TH GRADE..BY-LAW 207 A..3
- APPLICATION FOR NON DISCIPLINARY TRANSFER WITH NO PARTICIPATION IN ANY SPORTS AT ANY LEVEL IN THE PREVIOUS 12 MONTHS—BY-LAW 207B.1
- APPLICATION FOR TRANSFER LIMITED ELIGIBILITY ONLY---BY-LAW 207.B
- APPLICATION FOR TRANSFER HARDSHIP VARSITY ELIGIBILITY EXCEPTION BYLAW 208
- 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 _____
- APPLICATION FOR TRANSFER FROM A FOREIGN COUNTRY NOT IN A CIF-APPROVED EXCHANGE PROGRAM

8. PLACE A CHECK MARK IN FRONT OF EACH SPORT IN WHICH YOU COMPETED IN AN INTERSCHOLASTIC SPORT CONTEST AT ANY LEVEL IN DURING THE 12 MONTHS PRECEDING THE TRANSFER FROM 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

I DID NOT PLAY SPORTS AT ANY LEVEL AT ANY SCHOOL IN THE 12 MONTHS BEFORE I TRANSFERRED.

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 202)

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"/>
<input type="checkbox"/>	<input type="checkbox"/>

STUDENT WAS ACADEMICALLY ELIGIBLE AT TIME OF TRANSFER
STUDENT IS TRANSFERRING WITH NO DISCIPLINARY ACTION TAKEN OR PENDING

<input type="checkbox"/>	<input type="checkbox"/>
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STUDENT MET ALL OTHER CIF ELIGIBILITY RULES AT TIME OF TRANSFER

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.)

<input type="checkbox"/>	_____ Signature of FORMER Principal unable to certify statement above	_____ Date	<input type="checkbox"/>	_____ Signature of NEW Principal unable to certify statement above.	_____ Date
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