



APPLICATION FOR RESIDENTIAL ELIGIBILITY

For more information see "Understanding Transfer Eligibility for Parents" Handbook at www.cifstate.org **FORM 207/209/510 (CIF 210-C)**



USE FOR DOMESTIC TRANSFERS FROM A-B-A NO SPORTS AT B

SUBMIT ORIGINAL TO: CCS, 6830 Via Del Oro, Suite 103, San Jose CA 95119 DO NOT FAX!

NOTE: SUBMIT ONLY 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.

1. STUDENT'S NAME _____	DATE OF BIRTH ____/____/____	Circle one: 9 10 11 12 (yr in school)
2. CURRENT ADDRESS _____	(city) _____ (zip) _____	PHONE (____) _____ (area code)
3. FORMER ADDRESS _____	(city) _____ (zip) _____	
4. TRANSFER FROM _____ HIGH SCHOOL, BACK TO: _____ <small>(previous school (B) name) (former and current school (A) name)</small>		
5. ENROLLED IN PREVIOUS SCHOOL B FROM ____/____/____ TO ____/____/____ Returned to School A on: ____/____/____ <small>(high school enrollment only) (month/day/year) (month/day/year) (month/day/year)</small>		
6. LIST IN ORDER ALL HIGH SCHOOLS ATTENDED: and list IN ORDER dates of attendance under high school name <small>DATES ATTENDED: to/from to/from to/from</small>		

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

APPLICATION FOR TRANSFER HARDSHIP VARSITY ELIGIBILITY EXCEPTION BYLAW 208—(A-B-A) No sports @ B

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

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
<input type="checkbox"/>	I DID NOT PLAY SPORTS AT ANY LEVEL AT ANY SCHOOL IN THE LAST 12 MONTHS										

9. SCHOOL A'S ATHLETIC DIRECTOR'S SIGNATURE AFFIRMING THE ABOVE: _____

8. B. PLACE A CHECK MARK IN FRONT OF EACH SPORT IN WHICH YOU COMPETED IN A SPORT CONTEST AT ANY LEVEL DURING THE TIME YOU WERE ENROLLED IN **SCHOOL B**:

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
<input checked="" type="checkbox"/>	I DID NOT PLAY SPORTS AT ANY LEVEL AT SCHOOL B.										

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 200)

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF STUDENT

DATE

PREVIOUS SCHOOL—SCHOOL B -please initial all that apply and sign below:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	STUDENT WAS ACADEMICALLY ELIGIBLE AT TIME OF TRANSFER (i.e. minimum 2.0 GPA, passing 20 units OR higher if school B has higher scholastic eligibility requirements for student-athletes)
<input type="checkbox"/>	<input type="checkbox"/>	STUDENT IS TRANSFERRING WITH NO DISCIPLINARY ACTION TAKEN OR PENDING

Please PRINT School B's Principal's Name: _____

School B's 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 associated* with the athletic department of the **FORMER AND CURRENT 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 THEIR ENROLLMENT at Previous School "B"**. (Sign below only if this is a true statement. If not sign statement #3 and attach an explanation) (*Associated is defined in CIF Bylaw 510)

 Parent's Signature Date Student's Signature Date

AND

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 (former and current school (School "A")). (*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) (See 510 for definition of "associated")

 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 associated* with the athletic department of the **former and current school (School "A")** or who is part of the booster club of the 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 they were enrolled in School B**. 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 (former/new) school (School "A"). (*See Bylaw 510 for definition of a non-school athletic team and the term "associated".)

<u>SCHOOL B Signatures</u>	<u>Former/New School A Signatures</u>
<p>_____ Signature of Athletic Director of former school Date</p> <p>_____ Signature of Head Coach of former school (fall) Sport Date</p> <p>_____ Signature of Head Coach of former school (winter) Sport Date</p> <p>_____ Signature of Head Coach of former school (spring) Sport Date</p> <p>_____ Signature of Principal of school B Date</p>	<p>_____ Signature of Athletic Director of new school Date</p> <p>_____ Signature of Head Coach of new school (fall) Sport Date</p> <p>_____ Signature of Head Coach of new school (winter) Sport Date</p> <p>_____ Signature of Head Coach of former school (spring) Sport Date</p> <p>_____ Signature of Principal of School A Date</p>

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.)

<p><input type="checkbox"/> _____ Signature of School B Principal unable to certify statement above Date</p>	<p><input type="checkbox"/> _____ Signature of School A Principal unable to certify statement above. Date</p>
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