

 <p>State CIF Appeals Office P.O. Box 2586 Manteca, CA 95336 Ph: 209-471-3270 Fax 209-824-7980</p>	<b>FOR STATE APPEALS OFFICE USE ONLY</b>	
	DATE OF SECTION DECISION _____	_____
	DATE RECEIVED _____	_____
	DATE REVIEWED _____	_____
	FEE WAIVED _____	_____
	DATE RETURNED _____	_____
	HEARING DATE SET _____	_____
	HEARING NOTICE _____	_____
DOCUMENTS DUE _____	_____	

**REQUEST FOR APPEAL OF SECTION DECISION**  
**ON TRANSFER ELIGIBILITY**

Please refer to Appeals Handbook at [www.cifccs.org](http://www.cifccs.org) for information regarding the appeal process.

**THIS FORM IS TO BE COMPLETED WITH THE ASSISTANCE OF THE  
CURRENT SCHOOL ADMINISTRATION.**

- NO FAX OR E-MAIL REQUEST FORMS ACCEPTED.
- REQUEST FORMS MUST BE SUBMITTED ON TIME, NON-REFUNDABLE ADMINISTRATIVE FEE MUST BE SUBMITTED WITH THIS REQUEST FORM.

**1.0 In order for a timely processing of this appeal request, ALL the following information is REQUIRED:**

CIF Section: **Central Coast Section**

- Non-refundable Administrative fee included (Cashiers Check or Money Order Only): **YES NO EXEMPT**  
(Please circle one)
- Name of current school site administrator assisting in the completion of this form:

_____	_____
PRINT NAME	TITLE
_____	_____
SIGNATURE	DATE

Name of student on whose behalf appeal is filed: \_\_\_\_\_

Name of person(s)/entity filing this appeal (**Appellant**) \_\_\_\_\_  
(please print neatly or type)

Address of Appellant: \_\_\_\_\_  
(to be used for contact throughout the appeal process) \_\_\_\_\_  
CITY ZIP

Telephone: \_\_\_\_\_ E-mail \_\_\_\_\_

**CURRENT SCHOOL INFORMATION**

- 1. Student's current school and district: \_\_\_\_\_  
NAME OF SCHOOL NAME OF SCHOOL DISTRICT
- 2. Student's current principal: \_\_\_\_\_
- 3. Current principal's email: \_\_\_\_\_
- 4. Current school address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 5. Current school telephone: (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE & NUMBER

**PREVIOUS SCHOOL INFORMATION:**

- 6. Student's previous school and district: \_\_\_\_\_  
NAME OF SCHOOL NAME OF SCHOOL DISTRICT
- 7. Principal at previous school: \_\_\_\_\_
- 8. Previous principal's email: \_\_\_\_\_
- 9. Previous school address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 10. Previous school telephone: (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE & NUMBER
- 11. League in which the **current** school competes: \_\_\_\_\_
- 12. League in which **previous** school competes: \_\_\_\_\_

CCS Leagues: BVAL (MHAL, STAL, WVAL), MBL, MTAL, TCAL, PSAL, SCVAL (DAL, ECAL), WBAL, CPSAL, PAL (Bay, Ocean, Lake), SCCAL, WCAL, CAL

**2.0 Basis for Appeal of Decision (check all that apply) - Required:**

- Facts discovered subsequent to Commissioner’s decision that could not have been reasonably discovered before decision; (New documents, material and information should be submitted with this application)
- Procedural violations (e.g., no notice, missed deadlines, etc.);
- Misapplication of facts to bylaw (e.g., not all facts considered, facts misstated, disputed facts, etc.)
- Decision based on inappropriate bylaw (e.g., another bylaw applies)
- Other, explanation required below

Briefly explain the basis of the appeal: \_\_\_\_\_

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**3.0 The Following Additional Information Is Required:**

1. A copy of the Section Commissioner’s written decision is attached to this application.  
**Initial if attached** \_\_\_\_\_
2. Appellant requests a single hearing officer rather than the 3-member panel. (See Appeal Handbook)  
**[yes] [no] initial** \_\_\_\_\_  
(circle one)
3. Appellant qualifies for and receives a free or reduced lunch at school.  
A copy of the approved application or student lunch card is attached to this appeal application.  
**[yes] [no] initial** \_\_\_\_\_  
(circle one)

**4.0 Required Certification**

I declare under penalty of perjury under the laws of the State of California that the above statements are true and correct; that the supporting documents attached are true and correct copies of the original documents; and acknowledge that the Appeals Panel decision is final.

\_\_\_\_\_  
**Appellant’s Signature**                      date

\_\_\_\_\_  
**Appellant’s Signature**                      date