ALL TRANSFERS MUST BE COMPLETED ONLINE. NO PAPER COPIES WILL BE ACCEPTED! SCHOOLS WILL UPLOAD THIS SIGNED DOCUMENT TO THE CASE FILE IN CIF-SS HOME.

1) Student Name _____ M ☐ F ☐ _____ Date of Birth _____ Grade _____ Area Code/Home Phone

Name of Parent(s)/Guardian(s)/Caregiver(s) _____

2) Current Address _____ House Number and Street Name _____ City/State/Zip

_____ PUBLIC SCHOOL **DISTRICT** YOUR CURRENT ADDRESS IS IN _____ **SPECIFIC PUBLIC H.S.** YOUR CURRENT ADDRESS BELONGS TO

Date entire family unit occupied current address:_____

NOTE: ONLY FILL OUT ITEM 3 IF YOUR ENTIRE FAMILY UNIT HAS MOVED OUT OF YOUR CURRENT SCHOOL ATTENDANCE AREA INTO A COMPLETELY DIFFERENT ATTENDANCE AREA. IF YOU HAVEN'T MOVED, SKIP TO ITEM 4.

3) Former Address _____ House Number and Street Name _____ City/State/Zip

_____ PUBLIC SCHOOL **DISTRICT** YOUR FORMER ADDRESS WAS IN _____ **SPECIFIC PUBLIC H.S.** YOUR FORMER ADDRESS BELONGED TO

Date entire family unit vacated previous address:_____

NOTE: INCLUDE ALL HIGH SCHOOLS STUDENT HAS ATTENDED SINCE STARTING THE 9TH GRADE. IF THIS IS YOUR FIRST TRANSFER SINCE STARTING 9TH GRADE, YOU WILL ONLY NEED TO FILL OUT THE 1ST LINE OF ITEM 4.

4) Transfer From: _____ Name of Former High School Enrolled from: _____ Date MM/DD/YY to _____ Date MM/DD/YY

Transfer From: _____ Name of Former High School Enrolled from: _____ Date MM/DD/YY to _____ Date MM/DD/YY

Transfer From: _____ Name of Former High School Enrolled from: _____ Date MM/DD/YY to _____ Date MM/DD/YY

5) Within the last calendar year, what sport/s did the student play (during the official high school season) at your former school/s? List sports played at EVERY level (novice, frosh-soph, JV, and/or varsity).

FALL SEASON: _____
WINTER SEASON: _____
SPRING SEASON: _____

NOTE: BELOW YOU WILL SIGN ITEM 6 OR ITEM 7. DO NOT SIGN BOTH SECTIONS. READ CAREFULLY.

CERTIFICATION OF APPLICATION: I authorize any former school/s and the current school to release all records/requests made by the CIF and to discuss enrollment and/or extra curricular participation with the CIF. I authorize the CIF to use that information in making its determination. I am authorized to execute 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 athletic eligibility application, it is discovered that this approval was granted on false, erroneous, inaccurate or incomplete information, severe penalties affecting the future eligibility of this student-athlete may result.

By signing this affidavit, I certify that no person/s connected with the athletic department of the new school (School "B") or is part of the booster club of School "B", including anyone acting on their behalf, has had 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". I also 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 new school (School "B"). (*See Bylaw 510 for definition of a non-school athletic team).

6) **IF THE ABOVE STATEMENTS (UNDER CERTIFICATION OF APPLICATION) ARE TRUE SIGN BELOW. YOU WILL NOT NEED TO PROCEED TO ITEM 7. IF YOU CANNOT CERTIFY THE ABOVE STATEMENTS, DO NOT SIGN ITEM 6. SKIP TO ITEM 7 BELOW AND SIGN THERE.**

PARENT SIGNATURE _____ DATE _____ STUDENT SIGNATURE _____ DATE _____

OR

7) **I AM UNABLE TO CERTIFY THAT SOME OR ALL OF THE ABOVE STATEMENTS ARE TRUE. THEREFORE, AS REQUIRED, I AM SUBMITTING A COMPLETE WRITTEN DISCLOSURE OF THE SPECIFIC. (ATTACH A WRITTEN EXPLANATION TO THIS FORM).**

PARENT SIGNATURE _____ DATE _____ STUDENT SIGNATURE _____ DATE _____

Revised 7/10/18