



2014-2015 APPLICATION FOR RESIDENTIAL TRANSFER ELIGIBILITY

For more information see "Understanding Transfer Eligibility for
Parents" Handbook at www.cifstate.org **FORM 207/208/510**



****Submit completed form TO: Oakland Section Office 900 High st Oakland CA 94601 ph#510-434-8841 fax# 510-434-8851**

****NOTE: ALLOW 20 BUSINESS DAYS FOR INVESTIGATION AND REVIEW OF COMPLETE APPLICATIONS ONCE SUBMITTED TO THE NCS OFFICE. 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 OR MAY CHANGE THE CONSIDERATION TIMELINE.**

(**Parent/student/family complete page one, #s 1-7, 9-10 and page two, questions 11.A, B, or C, attach any statements and give to the enrolling school athletic administrator for routing to the former school. Former school will complete #s 8, 12 and 13, forwarding back to the enrolling school for completion of #14 and submission to the CIF OS Office for review and ruling on the student's eligibility.)

1. STUDENT'S NAME _____		DATE OF BIRTH ____/____/____		Circle one: 9 10 11 12 (yr in school)										
2. CURRENT ADDRESS _____		(city/state)	(zip)	PHONE (____) _____ (area code)										
3. FORMER ADDRESS _____		(city/state)	(zip)											
4. TRANSFER FROM _____ HIGH SCHOOL TO _____ HIGH SCHOOL														
(previous school name)		(new school name)												
5. LIST IN CHRONOLOGICAL ORDER ALL OTHER HIGH SCHOOLS THIS STUDENT HAS ATTENDED SINCE THEY FIRST ENROLLED IN THE 9 TH GRADE AT ANY TIME		<table border="0"> <tr> <td>Previous School(s)</td> <td>Enrollment Dates</td> </tr> <tr> <td>Attended</td> <td>(mo/day/year) To (mo/day/year)</td> </tr> <tr> <td>1. _____</td> <td>Attended From: _____ To: _____</td> </tr> <tr> <td>2. _____</td> <td>Attended From: _____ To: _____</td> </tr> <tr> <td>3. _____</td> <td>Attended From: _____ To: _____</td> </tr> </table>			Previous School(s)	Enrollment Dates	Attended	(mo/day/year) To (mo/day/year)	1. _____	Attended From: _____ To: _____	2. _____	Attended From: _____ To: _____	3. _____	Attended From: _____ To: _____
Previous School(s)	Enrollment Dates													
Attended	(mo/day/year) To (mo/day/year)													
1. _____	Attended From: _____ To: _____													
2. _____	Attended From: _____ To: _____													
3. _____	Attended From: _____ To: _____													
If this student is returning to their previous school please include the dates of that previous enrollment as well)														

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

<input type="checkbox"/>	APPLICATION FOR NON DISCIPLINARY TRANSFER WITH NO PARTICIPATION IN ANY SPORTS AT ANY LEVEL IN THE PREVIOUS 12 MONTHS-BY-LAW 207B.1, OR MEET THE PARAMETERS OF BY-LAW 207.B.5 a-d.
<input type="checkbox"/>	RETURN TO PREVIOUS SCHOOL WITHOUT PARTICIPATION AT THE FORMER SCHOOL
<input type="checkbox"/>	APPLICATION FOR TRANSFER LIMITED ELIGIBILITY ONLY---BY-LAW 207.B
<input type="checkbox"/>	FIRST TIME TRANSFER WHO IS APPLYING FOR THE SIT OUT PERIOD PROVISION - BY-LAW B.5.b. Student shall remain out of any competition at any level in each sport in which they competed in the last twelve months.
<input type="checkbox"/>	APPLICATION FOR TRANSFER HARDSHIP VARSITY ELIGIBILITY EXCEPTION BYLAW - BY-LAW 207.B.5.c All relevant facts and documents must be submitted with this application. Check below the hardship exception the student is applying.
<input type="checkbox"/>	<input type="checkbox"/> Court Ordered Transfer <input type="checkbox"/> Children of Divorced Parents <input type="checkbox"/> Individual Safety incidents <input type="checkbox"/> Discontinued Program <input type="checkbox"/> Low Achieving Schools <input type="checkbox"/> Foster Children <input type="checkbox"/> Military Service <input type="checkbox"/> Married Status <input type="checkbox"/> Board of Education Ruling
<input type="checkbox"/>	APPLICATION FOR TRANSFER IN A CIF-APPROVED FOREIGN EXCHANGE PROGRAM: _____ (name of program-CIF Bylaw 208)
<input type="checkbox"/>	Name of Public High School in which attendance area the host family resides _____
<input type="checkbox"/>	APPLICATION FOR TRANSFER FROM A FOREIGN COUNTRY NOT IN A CIF-APPROVED EXCHANGE PROGRAM - BY-LAW 207.B.4 International students must include under #7 any organized sports program (e.g. youth teams, community teams, club teams, national teams at any level or individualized instruction for competition in development schools or programs) in which the student competed or participated.

7. PLACE A CHECK MARK IN FRONT OF EACH SPORT YOU COMPETED IN A SCRIMMAGE OR AN INTERSCHOLASTIC SPORT CONTEST AT ANY LEVEL DURING THE 12 MONTHS PRECEDING THE TRANSFER FROM YOUR PREVIOUS SCHOOL. INTERNATIONAL STUDENTS MUST ALSO INCLUDE OUTSIDE SCHOOL ACTIVITIES, CLUB, COMMUNITY, YOUTH TEAMS, NATIONAL TEAMS OR INDIVIDUALIZED INSTRUCTION IN DEVELOPMENT SCHOOLS OR PROGRAMS:

This includes all scrimmages, practice games, pre-season games, league games, playoff games etc.!

<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 IN THE LAST 12 MONTHS					

8. FORMER SCHOOL ATHLETIC DIRECTOR'S SIGNATURE AFFIRMING THE ABOVE: _____

9. STUDENT'S GPA IN THE LAST GRADING PERIOD AT THE PREVIOUS SCHOOL _____

10. 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

11. 510 PRE-ENROLLMENT CONTACT AFFIDAVIT (Bylaw 510) - letter's A, B and C. Read carefully before signing!
Failure to report any and all pre-enrollment contact may make your student ineligible for one calendar year.

PARENT'S AND STUDENT STATEMENT'S #1, AND/OR 2, OR 3

A. 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 "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). (***Associated** is defined in CIF Bylaw 510. See below!)

<hr/> Parent's Signature	<hr/> Date	<hr/> Student's Signature	<hr/> Date
--------------------------	------------	---------------------------	------------

B. 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). (*Associated is defined in CIF Bylaw 510 - See below!)

<hr/> Parent's Signature	<hr/> Date	<hr/> Student's Signature	<hr/> Date
--------------------------	------------	---------------------------	------------

(*CIF Bylaw 510 definition of Associated - Persons "associated" with a school include, but are not limited to: current or former coaches, current or former athletes, parent(s)/guardian(s)/caregiver of current or former student/athletes, booster club members, alumni, spouses or relatives of coaches, teachers and other employees, coaches who become employed, active applicants for coaching positions, and persons who are employed by companies or organizations that have donated athletic supplies, equipment or apparel to that school.)

OR

C. 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 and be sure to include the names of any outside teams you have participated in the previous 24 months.) If the student participated on any outside teams in the previous 24 months from the date of enrollment at the enrolling school what outside teams did the student participate on?

List Teams: _____

<hr/> Parent's Signature	<hr/> Date	<hr/> Student's Signature	<hr/> Date
--------------------------	------------	---------------------------	------------

FORMER SCHOOL VERIFICATION OF ELIGIBILITY

12. FORMER SCHOOL-please initial all that apply and sign below:

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	STUDENT WAS ACADEMICALLY ELIGIBLE AT TIME OF TRANSFER	<input type="checkbox"/>	<input type="checkbox"/>	STUDENT MET ALL OTHER CIF ELIGIBILITY RULES AT TIME OF TRANSFER
<input type="checkbox"/>	<input type="checkbox"/>	STUDENT IS TRANSFERRING WITH NO DISCIPLINARY ACTION TAKEN OR PENDING			

Please Print Former School Principal's Name: _____

Former School Principal's Signature _____ Date: _____

FORMER AND CURRENT/NEW SCHOOL 510 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 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 any 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; and the term "associated" (also listed above).)

13. Former School Signatures

Signature of Athletic Director of former school	<u> </u>	<u>Date</u>
Signature of Head Coach of former school (fall)	<u>Sport</u>	<u>Date</u>
Signature of Head Coach of former school (winter)	<u>Sport</u>	<u>Date</u>
Signature of Head Coach of former school (spring)	<u>Sport</u>	<u>Date</u>
Signature of Principal of former school	<u> </u>	<u>Date</u>

14. Current/New School Signatures

Signature of Athletic Director of new school	<u> </u>	<u>Date</u>
Signature of Head Coach of new school (fall)	<u>Sport</u>	<u>Date</u>
Signature of Head Coach of new school (winter)	<u>Sport</u>	<u>Date</u>
Signature of Head Coach of new school (spring)	<u>Sport</u>	<u>Date</u>
Signature of Principal of new school	<u> </u>	<u>Date</u>

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.)

<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto; margin-bottom: 5px;"></div> <hr/> Signature of FORMER Principal unable to certify statement above	<hr/> Date	<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto; margin-bottom: 5px;"></div> <hr/> Signature of NEW Principal unable to certify statement above.	<hr/> Date
---	------------	---	------------