



## 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		_м 🔲	F 🔲				
	Name of Parent(s)/Guardia	n(s)/Caregiver(s)			Date of Birth	Grade	Are	a Code/Home Phone
2)	Current Address							
·	House Number and Street Name			City/State/Zip				
	PUBLIC SCHOOL DISTRI	CT YOUR CURRENT ADDR	ESS IS IN		SPECIFIC PUBL	C H.S. YOUR CUR	RENT ADE	PRESS BELONGS TO
NOTE	: ONLY FILL OUT ITEM 3 IF YO MPLETELY DIFFERENT ATTE	DUR ENTIRE FAMILY UI NDANCE AREA, IF YOU	NIT HAS	MOVED	OUT OF YOUR C	JRRENT SCHOO	OL ATTEN	IDANCE AREA INTO
3)	Former Address				-,	**		
		House Number and Street	Name			City/Stat	e/Zip	
	PUBLIC SCHOOL DISTRICT YOUR FORMER ADDRESS WAS IN			SPECIFIC PUBLIC H.S. YOUR FORMER ADDRESS BELONGED TO				
	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:				Enrolled from:	Date MM/DD/YY	_ to	
	Transfer From:	Name of Former High School	ol		Encolled from			Date MM/DD/YY
		Name of Former High School	ol .	_	Enrolled from:			Date MM/DD/YY
	Transfer From:	Name of Former High School	-1	_	Enrolled from: _	D	_ to	Date MM/DD/YY
	Transfer From:	Name of Former Fight School	)i		Enrolled from:	Date MM/DD/YY	to	Date MM/DU/YY
		Name of Former High School	ol	_	Enrolled from:	Date MM/DD/YY		Date MM/DD/YY
5)	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							
6)	on behalf of this student, pri participated during the previ is associated with or coache school athletic team).  IF THE ABOVE STATEMENTS PROCEED TO ITEM 7. IF YOU	or to the completion of ous 24 months on any of by anyone associate GUNDER CERTIFICATION	the enro non-scho d with th	ilment p ool athle e new s	rocess at School tic team* (i.e., A/ chool (School "B'	"B". I also certi AU, American L "). (*See Bylaw SIGN BELOW. Y	fy that the egion, clu 510 for d	e student has not to team, etc.) that efinition of a non-
	SIGN THERE.							
	PARENT SIGNATURE	DATE			UDENT SIGNATURE		DATE	
71				OR				
7)	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	<u>.</u>	- st	JDENT SIGNATURE		DATE	