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

1)	Student		MF	7					
2)	Current Address			Date of Birth	Grade	A	rea Code/Home Phone		
2)	Current Address		City/State/Zip						
	PUBLIC SCHOOL DISTRICT YOUR CURRENT ADDRESS IS IN				SPECIFIC PUBLIC H.S. YOUR CURRENT ADDRESS BELONGS TO				
NOTE:		3 IF YOUR ENTIRE FAMILY U							
	LETELY DIFFERENT A Former Address	TTENDANCE AREA. IF YOU H	AVEN'T MOVED, SK	IP TO ITEM 4. (CIF Byl	aw 206)				
3)	House Number and Street Name			City/State/Zip					
		DOL DISTRICT YOUR FORMER ADD					RESS BELONGED TO		
		GH SCHOOLS STUDENT HAS ATT Y NEED TO FILL OUT THE 1ST LIN		NG THE 9TH GRADE. IF T	HIS IS YOUR FIRS	T TRANSFE	ER SINCE STARTING 9TH		
4)	Transfer From:			Enrolled from:	Date MM/DD/YY	to			
	Transfer From:	Name of Former High	School	Enrolled from:	Date MM/DD/YY	to	Date MM/DD/YY		
	fransier from.	Name of Former High	School	Entoned from.	Date MM/DD/YY	_ 10 _	Date MM/DD/YY		
	Transfer From:	Name of Former High	Sebeel	Enrolled from:	Date MM/DD/YY	to	Date MM/DD/YY		
	Transfer From:	Name of Former High	School	Enrolled from:		to	Date MM/DD/ F		
		Name of Former High	School	• • • •	Date MM/DD/YY		Date MM/DD/YY		
	WINTER SEASON: SPRING SEASON: NOTE: BELO	W YOU WILL SIGN		EM 7. <u>DO NOT</u> FULLY.	SIGN BOT	TH SEC	TIONS. READ		
	<b>CERTIFICATION OF APPLICATION:</b> 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 is 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. (CIF Bylaw 202.B)								
	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", and 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). I also certify that at the time of transfer there was no disciplinary action in place or pending and that there was no verbal or written disagreement with any member of the former school's coaching staff, anyone associate with the athletic department or any school administrator in the 12 months prior to the student's transfer.								
	**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.								
6)		EMENTS (UNDER CERTIFICAT NOT CERTIFY THE ABOVE ST							
	PARENT SIGNATURE	DATE		STUDENT SIGNATURE		DATE			
			0	R					
7)		RTIFY THAT SOME OR ALL O EN DISCLOSURE OF THE SP					ED, I AM SUBMITTING		

PARENT SIGNATURE	DATE	STUDENT SIGNATURE	DATE