

Athletic Transfer Eligibility Application - Form 207/510

USE THIS FORM FOR ANY TRANSFER OCCURRING AFTER A STUDENT'S INITIAL ATTENDANCE OF 9TH GRADE AT ANY SCHOOL.

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

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

NOTE: ONLY FILL OUT ITEM 3 IF YOUR FAMILY UNIT HAS MOVED OUT OF YOUR CURRENT SCHOOL ATTENDANCE AREA INTO A NEW ONE.

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

NOTE: INCLUDE ALL HIGH SCHOOLS THE STUDENT ATTENDED 12 MONTHS PRIOR TO ENROLLMENT IN THE NEW SCHOOL. IF THERE IS ONLY ONE HIGH SCHOOL OF ATTENDANCE IN THE LAST 12 MONTHS, YOU WILL ONLY NEED TO FILL OUT THE 1ST LINE OF ITEM 4.

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

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

5) Transfer To: _____ Enrollment Date: _____
Name of New High School Date MM/DD/YY

NOTE: ENROLLMENT IS YOUR FIRST DAY OF ACTUAL ATTENDANCE AT THE NEW SCHOOL.

6) APPLICATION MADE UNDER THE FOLLOWING (CHECK ONE):

- VALID CHANGE OF RESIDENCE MADE BY ENTIRE FAMILY UNIT (CERTIFIED BY NEW SCHOOL'S ADMINISTRATION) BYLAW 206.
- 1ST TRANSFER PRIOR TO THE 1ST DAY OF THE 3RD SEMESTER SINCE ENROLLING IN 9TH - GRADE BYLAW 207A.3.
- TRANSFER ELIGIBILITY DUE TO NON-PARTICIPATION IN THE PREVIOUS 12 MONTHS - BYLAW 207.B.(1).
- LIMITED ELIGIBILITY - BYLAW 207.B.
- HARDSHIP VARSITY ELIGIBILITY - ALL RELEVANT FACTS/DOCUMENTS MUST BE SUBMITTED WITH APPLICATION. PLEASE INCLUDE TRANSCRIPT REFLECTING ALL HIGH SCHOOL WORK COMPLETED TO DATE.

NOTE: BELOW YOU WILL SIGN ITEM 7 OR ITEM 8. 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 (CIF 200.E).

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).

7) **IF THE ABOVE STATEMENTS (UNDER CERTIFICATION OF APPLICATION) ARE TRUE SIGN BELOW. YOU WILL NOT NEED TO PROCEED TO ITEM 8. IF YOU CANNOT CERTIFY THE ABOVE STATEMENTS, DO NOT SIGN ITEM 7. SKIP TO ITEM 8 BELOW AND SIGN THERE.**

| | |
|-------------------|------|
| | |
| PARENT SIGNATURE | DATE |
| STUDENT SIGNATURE | DATE |

OR

8) **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 |

9) Former School Statement and Signatures Required - Please **INITIAL** and/or sign the appropriate responses in sections 9-11. This section must be filled out by an administrator at the respective school.

| | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | Please INITIAL your response to the following: Was the student academically eligible at the time of transfer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Please INITIAL your response to the following: Is the student transferring with any disciplinary action taken or pending? |
| <input type="checkbox"/> | <input type="checkbox"/> | Please INITIAL your response to the following: Did the student meet <u>all other</u> CIF eligibility rules at the time of transfer. |

Please list the student's GPA in the last official grading period at your school _____

10) Former School Statement and Signatures Required - Place a check mark in front of each sport the student participated in at ANY LEVEL during the 12 calendar months prior to the transfer. Participation is considered as having competed in an interscholastic contest (non-league, league, playoffs, tournaments etc.) at any time during the high school season of sport. If student DID NOT participate in ANY SPORTS at ANY LEVEL while at your school, please place your initials in the appropriate box below.

| | | | | | |
|------------------------------------|------------------------------------|-------------------------------------|--|---------------------------------------|-----------------------------------|
| <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"/> Gymnastic | <input type="checkbox"/> Lacrosse | <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 | |

Former School Administrator: Please **INITIAL** in the box at the left if the student athlete **DID NOT PARTICIPATE** in **ANY SPORTS** at **ANY LEVEL** in the previous 12 calendar months.

11) STUDENT'S GPA IN LAST OFFICIAL GRADING PERIOD OF CURRENT SCHOOL (IF THERE HAS BEEN ONE): _____

12) Former and Current School sign EITHER item 12 or 13 (not both) after reading the following 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 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").

**Credible evidence is considered as evidence which proceeds from a trustworthy source; evidence which is so natural, reasonable, and probable as to make it easy to believe; information which is obtained from authentic sources or from the statements of persons who are not only trustworthy, but also informed as to the particular matter; that which is not mere speculation or rumor.

| FORMER SCHOOL SIGNATURES | | CURRENT/NEW SCHOOL SIGNATURES | |
|--|------|--------------------------------------|------|
| SIGNATURE OF ATHLETIC DIRECTOR | DATE | SIGNATURE OF ATHLETIC DIRECTOR | DATE |
| SIG. OF HEAD COACH OF FORMER SCHOOL (FALL) | DATE | SIGNATURE OF HEAD COACH (FALL) | DATE |
| SIG. OF HEAD COACH OF FORMER SCHOOL (WINTER) | DATE | SIGNATURE OF HEAD COACH (WINTER) | DATE |
| SIG. OF HEAD COACH OF FORMER SCHOOL (SPRING) | DATE | SIGNATURE OF HEAD COACH (SPRING) | DATE |
| SIGNATURE OF PRINCIPAL OF FORMER SCHOOL | DATE | SIGNATURE OF PRINCIPAL AT NEW SCHOOL | DATE |

13) Sign item 13 only if you CANNOT verify the information in item 12.
I am unable to certify that one or both of the above statements in item 12 are true. As required, I am submitting a complete written disclosure of the specifics.

| | | | |
|---|------|--------------------------------------|------|
| SIGNATURE OF PRINCIPAL OF FORMER SCHOOL | DATE | SIGNATURE OF PRINCIPAL AT NEW SCHOOL | DATE |
|---|------|--------------------------------------|------|

OFFICE USE ONLY: CIRCLE, COMMENTS (IF APPLICABLE), AUTH. SIGNATURE OF COMMISSIONER REVIEWING APPLICATION.

VALID CHANGE RECEIVED
 TRANSFER APPROVED
 TRANSFER DENIED

COMMENTS: _____

AUTHORIZED SIGNATURE: _____

SECTION COMMISSIONERS: DR. JAMES STAUNTON, ROB WIGOD, KRISTINE PALLE, SCOTT RAFTERY, RAINER WULF

ONCE COMPLETE, THIS INFORMATION MUST BE REVIEWED BY THE NEW SCHOOL WHO IS RESPONSIBLE FOR SECURING ALL INFORMATION AND STATEMENTS. UPON RECEIPT OF THE COMPLETED APPLICATION BY THE CIF-SS OFFICE, ALLOW 20 BUSINESS DAYS FOR INVESTIGATION AND REVIEW. THE STUDENT MAY MISS PART OF THE SEASON DURING THIS PROCESS. APPROVALS CAN BE FOUND ON OUR WEBSITE AT WWW.CIFSS.ORG.