



CIF Sac-Joaquin Section
 1368 E. Turner Road, Suite A
 Lodi, CA 95240

DATE COMPLETED APPLICATION _____
 RECEIVED IN SECTION OFFICE _____

**ATHLETIC TRANSFER ELIGIBILITY APPLICATION - FORM 207
 (FORM 510 MUST ACCOMPANY THIS FORM)**

For more information, see "Understanding Transfer Eligibility for Parents" Handbook at www.cifstate.org

NOTE: Submit only the original of this document. No facsimile or copies of this application will be accepted.

ALLOW 20 BUSINESS DAYS FOR INVESTIGATION AND REVIEW; THE STUDENT MAY MISS SOME PART OF THE SEASON DURING THE REVIEW AND EVALUATION PERIOD.

USE THIS FORM FOR ANY TRANSFER OCCURRING AFTER A STUDENT'S ENROLLMENT IN THE NINTH GRADE OF ANY SCHOOL.

IF HARDSHIP IS SOUGHT, WRITTEN DOCUMENTATION EXPLAINING THE HARDSHIP MUST BE ATTACHED AND REVIEWED BY THE FORMER SCHOOL'S PRINCIPAL AS WELL AS THE NEW SCHOOL'S PRINCIPAL. THE SECTION OFFICE WILL NOT PROCESS THIS FORM IF THE DOCUMENTS ARE NOT INCLUDED.

1. STUDENT'S NAME _____ / / _____
DATE of BIRTH GRADE PHONE

2. CURRENT ADDRESS _____ CITY _____ ZIP _____

FORMER ADDRESS _____ CITY _____ ZIP _____

3. TRANSFER FROM - _____ SCHOOL TO - _____ SCHOOL

4. LIST ALL HIGH SCHOOLS ATTENDED: _____

5. ENROLLED IN MOST RECENT SCHOOL FROM ____/____/____ TO ____/____/____.

6. ENROLLED IN NEW SCHOOL ON ____/____/____ PRINCIPAL / DESIGNEE SIGNATURE _____

7. APPLICATION IS BEING MADE UNDER THE FOLLOWING (CHECK ONE)

- 1ST TRANSFER PRIOR TO BEGINNING OF THIRD CONSECUTIVE SEMESTER OF HIGH SCHOOL -- Bylaw 207.A(3)
- LIMITED ELIGIBILITY -- Bylaw 207.B
- HARDSHIP VARSITY ELIGIBILITY -- Bylaw 208 - Please attach documented proof of a hardship which is an unforeseeable, unavoidable and uncorrectable act, condition or event, which causes the imposition of a severe and non-athletic burden upon the student or his/her family. Additional facts submitted late may not be considered by the Commissioner.

8. PLACE A CHECK MARK IN FRONT OF EACH SPORT IN WHICH THE STUDENT COMPETED IN AN INTERSCHOLASTIC ATHLETIC CONTEST AT ANY LEVEL DURING THE 12 MONTHS PRECEDING THE DATE OF TRANSFER.

- | | | | | | |
|------------------------------------|-------------------------------------|-------------------------------------|--|---------------------------------------|------------------------------------|
| <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 |

IF STUDENT DID NOT PLAY SPORTS AT ANY LEVEL (BYLAW 206.B(4)), PLACE CHECK MARK HERE

SIGNATURE OF PREVIOUS SCHOOL ATHLETIC DIRECTOR, CONFIRMING THE ABOVE STATEMENT _____

9. STUDENT'S GPA IN THE LAST REGULAR GRADING PERIOD OF FORMER SCHOOL _____

10. CERTIFICATION OF APPLICATION

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, inaccurate or incomplete information, severe penalties affecting the future eligibility of this student-athlete may result (CIF 200.E).

 SIGNATURE OF PARENT/GUARDIAN DATE

 SIGNATURE OF STUDENT DATE

