



CIF SAC-JOQUIN SECTION
P.O. BOX 289
LODI, CA 95241-0289

VERIFICATION OF A
VALID CHANGE OF RESIDENCE
CIF FORM 206 (Page 3 of 3)

STEP 4: COMPLETE STUDENT INFORMATION (print clearly)

STUDENT: Last First Middle CIRCLE GENDER: Male Female CIRCLE GRADE: 9 10 11 12

PREVIOUS ADDRESS: Street Address City Zip

AT THIS ADDRESS, STUDENT RESIDED WITH WHICH PARENT(S)/GUARDIAN(S)/CAREGIVER:

CURRENT ADDRESS: Street Address City Zip

AT THIS ADDRESS, STUDENT RESIDES WITH WHICH PARENT(S)/GUARDIAN(S)/CAREGIVER:

TRANSFER FROM: H.S. TRANSFER TO: H.S.

DATE ENTIRE FAMILY MOVE WAS COMPLETED: DATE OF ENROLLMENT IN NEW SCHOOL:

STEP 5: READ AND SIGN

BYLAW 202.B(1):
If it is discovered that any parent(s)/guardian(s)/caregiver or student has provided incorrect, inaccurate, incomplete or false information in regards to any aspect of eligibility status on behalf of a student, that student is subject to immediate ineligibility for CIF competition at any level in any sport for a period of up to 24 calendar months from the date the determination was made that incorrect, inaccurate, incomplete or false information was provided.

By signing this affidavit below, I certify that:

- No person who is connected with the athletic department of the new school, or is part of the booster club of the new school or who was 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 the new school.
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 the new school, coached by anyone associated with the new school or whose team members attend the new school. (*See Bylaw 510 for definition of a non-school athletic team.)

If you are unable to certify the above statements, do not sign below. Please attach a complete written disclosure of the specifics to this form.

PARENT/GUARDIAN SIGNATURE: DATE:

My signature below certifies that to the best of my knowledge:

- The former school's Athletic Director was contacted regarding concerns relating to Bylaw 510. If necessary, please attach written documentation from the former school regarding the nature of their concern(s).
No person who is connected with our athletic department or is part of our booster club, or who is acting on our 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 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 our school.

If you are unable to certify the above statement, do not sign below. Please attach a complete written disclosure of the specifics to this form.

- This student moved from another school's attendance area into our school's attendance area with all of the individuals with which the student was living while attending the previous school and that we have done our best to verify those facts in accordance with the CIF bylaws. If you are unable to certify that the above statement is true, you should not submit this form.

ADMINISTRATOR SIGNATURE: TITLE: DATE:

STEP 6: SUBMIT FORM TO SECTION OFFICE BY EMAIL (TRANSFERS@CIFJS.ORG) OR FAX (209-334-0300)
Students are not eligible until they have been cleared by the Section office and the new school has been notified.



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 _____ 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 ENTIRE FAMILY UNIT HAS MOVED OUT OF YOUR CURRENT SCHOOL ATTENDANCE AREA INTO A COMPLETELY DIFFERENT ATTENDANCE AREA. IF YOU HAVEN'T MOVED, SKIP TO ITEM 4. (CIF Bylaw 206)

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

5) Within the last calendar year, what sport/s did the student play (during the official high school season) at your former school/s? List sports played at EVERY level (fresh-soph, JV, and/or varsity).

FALL SEASON: _____
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. (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) IF THE ABOVE STATEMENTS (UNDER CERTIFICATION OF APPLICATION) ARE TRUE SIGN BELOW. YOU WILL NOT NEED TO PROCEED TO ITEM 7. IF YOU CANNOT CERTIFY THE ABOVE STATEMENTS, DO NOT SIGN ITEM 6. SKIP TO ITEM 7 BELOW AND SIGN THERE.
PARENT SIGNATURE _____ DATE _____ STUDENT SIGNATURE _____ DATE _____

OR

7) 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 SPECIFICS. (ATTACH A WRITTEN EXPLANATION TO THIS FORM).
PARENT SIGNATURE _____ DATE _____ STUDENT SIGNATURE _____ DATE _____