



CCS Parent/Student Information & Signature Form

(Required for all 206 & 207 "A-B-A" Transfer Applications)



All transfer application packets must be completed by school personnel through CIF-CCS Home. No paper copies will be accepted.

Schools must upload this Parent/Student form after completed & signed to the Transfers Section on CIF-CCS Home

1. Student's Name: _____ Date of Birth: ___/___/___ Year in School @ time of enrollment in NEW school 9 10 11 12

2. Current Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code) _____ (Country)

3. Former Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code) _____ (Country)

4. Date entire family moved to the new residence: ___/___/___ (Only complete shaded box if this is a 206 - Valid Change of Residence)

5. List everyone living at the former residence: _____

6. List everyone living at the new residence: _____

7. Transfer From: _____ High School to _____ High School (Previous School Name) (New School Name)

8. Enrolled In Previous School From: ___/___/___ to ___/___/___ Began attending NEW school on: ___/___/___ (High School Enrollment Only)

9. Chronologically list ALL other high schools this student has attended since enrollment in 9th grade. Previous School(s) Attended (including previous enrollment at "School A") Enrollment Dates 1. _____ Attended from: ___/___/___ to ___/___/___ 2. _____ Attended from: ___/___/___ to ___/___/___ 3. _____ Attended from: ___/___/___ to ___/___/___ (Note: If student is an international student, make sure you only include enrollment starting with US equivalent of 9th grade.)

If any of the schools attended in the previous 12 months are located outside of the Central Coast Section, please list the school's information on second page.

10. List ALL sports, at ANY level in which this student participated at the former school(s) in the 12 months prior to the transfer to the new school. List ALL sports, at ANY level (freshman, frosh/soph, jv or varsity) in which this student intends to participate at the new school. (Note: If student is transferring from a HS outside the US, please also include club sports)

Fall Season: _____	Fall Season: _____
Winter Season: _____	Winter Season: _____
Spring Season: _____	Spring Season: _____

11. Pre-Enrollment Contact Affidavit - CIF Bylaw 510 (*Please Note, ONLY sign Box #1 or Box #2 below, NOT both)

Pre-enrollment contact may include, but is not limited to: any communication of any kind, with the student, parent(s)/guardian(s)/caregiver, relatives, or friends of the student with anyone associated with the school prior to enrollment. Communication about the athletic programs at a school; orientation/information programs, shadowing programs; attendance at outside athletic or similar events, camps or clinics or athletic private lessons or training sessions by anyone associated*with the school; participation by the student in programs supervised by the school or its associates before enrollment in the school should also be disclosed.

By signing this affidavit below, I certify that while the student was attending "School B," no person who is associated* with the athletic department of the enrolling new/School A, or is part of the booster club or parent community of the enrolling new/School A, or who is acting on their behalf, has had pre-enrollment contact as described above directly or indirectly, through intermediaries or otherwise with this transfer student, this student's parents, legal guardians or caregivers, or anyone acting on behalf of the student, prior to the beginning and completion of the enrollment process at the enrolling (new) school. (*See CIF Bylaw 510 for definition of "associated.") I understand that I am required to disclose any such pre-enrollment contact and that failure to do so may result in severe penalties affecting the future eligibility of this student athlete's high school eligibility. (CIF bylaws 207.A.(3), 207.B.(2), 207.C; 510.C-E)

Furthermore, I certify that the student has not participated on any non-school athletic team* (i.e. AAU, American Legion, club team, camp, clinic, private lesson, training activity etc) that is associated with, or coached by anyone associated with, the enrolling new/School A, during the previous 24 months immediately prior to this enrollment in the enrolling new/School A. (*See CIF Bylaw 510 for definition of a non-school athletic team.)

Box #1. If the above pre-enrollment contact statements are true, sign below:

_____	_____	_____	_____
Parent Signature	Date	Student Signature	Date

OR

Box #2. I am unable to certify that some or all of the above pre-enrollment contact statements are true. Therefore, as required, I am submitting a complete written disclosure describing the circumstances that do not allow me to verify the statement(s) above are true

_____	_____	_____	_____
Parent Signature	Date	Student Signature	Date

12. Certification of Application: By filing this application for interscholastic residential eligibility, I specifically authorize any former or current/new school(s) to release all records regarding this student and to disclose to the CIF/CCS representative any information or documentation needed or requested by the CIF/CCS in making this eligibility determination. I authorize the CIF/CCS to use that information in making its decision. I understand that the CIF/CCS may be unable to grant athletic eligibility absent the disclosure of relevant information or documentation from this student's former or current/new schools. I am authorized to make 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, subsequent to the eligibility determination of this application made by the CIF/CCS, it is discovered that this approval was granted under false, erroneous, inaccurate or incomplete information, severe penalties affecting the future eligibility of this student-athlete and teams on which this student competed may result. (CIF bylaw 202)

_____	_____	_____	_____
Parent Signature	Date	Student Signature	Date

ATTENTION PARENT/STUDENT: Once this form is complete, please return it to the athletic director at your new school.



CCS Parent/Student Information & Signature Form

(Required for all 206 & 207 "A-B-A" Transfer Applications)



Out-Of-Section School Addendum

Parent/Student: Only complete this second page if one or more of the schools the student attended in the 12 months prior to the transfer are not part of the Central Coast Section. The new school's athletic director will need this information to complete the student's transfer application. Please make sure you have the correct contact information for your former school's Athletic Director, Principal, or other administrator who is in charge of athletics at the former school.

Name of School: _____

School Address: _____
(Street) (City) (State) (Zip Code) (Country)

Contact Person: _____
(Name) (Position/Title) (Email address) (Phone Number)

Name of School: _____

School Address: _____
(Street) (City) (State) (Zip Code) (Country)

Contact Person: _____
(Name) (Position/Title) (Email address) (Phone Number)

Name of School: _____

School Address: _____
(Street) (City) (State) (Zip Code) (Country)

Contact Person: _____
(Name) (Position/Title) (Email address) (Phone Number)

ATTENTION PARENT/STUDENT: Once this form is complete, please return it to the athletic director at your new school.