



ALL FOREIGN STUDENT-ATHLETES MUST COMPLETE THIS FORM ONLINE. NO PAPER COPIES WILL BE ACCEPTED! SCHOOLS WILL UPLOAD THIS SIGNED DOCUMENT TO THE CASE FILE IN CIF-SS HOME.

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

2) Host Family First Name _____ Host Family Last Name _____
 Host Family 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 _____

3) Enrollment Date _____ Name of Approved Foreign Exchange Program _____
 I have looked at the state website to confirm this is an approved program? Yes _____ No _____
 Local Representative Name: _____ Phone Number: _____
 Former Address: _____
House Number and Street Name _____ City and Country _____

4) Has the student attended your school prior to this transfer? Yes _____ No _____

5) **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 extracurricular 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 further eligibility of this student-athlete may apply.

By signing this affidavit, I certify that no person/s connected with the athletic department of the new school ("School B") or or no person with affiliation to the booster club of "School B", including anyone acting on their behalf, has had communication, directly or indirectly, through intermediaries or otherwise with this 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 "School B". (*See Bylaw 510 for definition of non-school athletic team.)

NOTE: BELOW YOU WILL SIGN ITEM 6 OR ITEM 7. DO NOT SIGN BOTH SECTIONS. READ CAREFULLY.

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 _____

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 SPECIFIC EXPLANATION. (ATTACH A WRITTEN EXPLANATION TO THIS FORM)**

PARENT SIGNATURE _____ DATE _____ STUDENT SIGNATURE _____ DATE _____