

6. STUDENT **DID NOT COMPETE IN ANY SPORT, AT ANY LEVEL, I.E., FROSH, SOPH, JV, ETC. THE PREVIOUS YEAR**

(Signature of Releasing School Principal)

(School)

(Date)

(Signature of Releasing School Principal)

(School)

(Date)

7. **PRINCIPAL OF RELEASING SCHOOL** to initial sports in which student competed in an interscholastic contest (league or non-league) on school teams during 12 months preceding date of transfer. **This is to include any level of competition such as Frosh, Soph, JV, Varsity, etc. IF NONE OF THE ABOVE APPLY, MAKE CERTAIN TO SIGN ITEM #6 ABOVE.**

Badminton _____ Baseball _____ Basketball _____ Cross Country _____

Field Hockey _____ Football _____ Golf _____ Gymnastics _____

Soccer _____ Softball _____ Swim/Dive _____ Tennis _____

Track & Field _____ Volleyball _____ Water Polo _____ Wrestling _____

Principal

High School

Date

Principal

High School

Date

8. **DISCIPLINARY ACTION:** Is this transfer the result of disciplinary action (Rule 217)? YES _____ NO _____
If yes, please attach documentation.

(Signature of Releasing School Principal)

(School)

(Date)

9. **NEW SCHOOL PRINCIPAL'S STATEMENT:** "The above information is correct to the best of my knowledge. I (do) OR (do not) believe that undue influence was used by any person to encourage the subject transfer. I do accept responsibility for the accuracy of #6 or #7 and #8 above and understand that penalty may result if the information proves to be incorrect."

Principal

High School

Date

10. **CERTIFICATION OF APPLICATION**

This is to certify that the student named herein has effected the transfer of schools as indicated and that no person has used undue influence in an attempt to secure this student for purposes of athletic participation. We further certify that all information contained herein is correct, specifically items #6 or #7 and #8 above, understanding that severe penalty may result if the information proves to be incorrect through error or mis-statement.

Signature of Parent

Date

Signature of Student

Date

DO NOT WRITE BELOW THIS LINE

CIF-SS OFFICE USE ONLY

(APPROVE)

(DISAPPROVE)

For Commissioner of Athletics

Date

(RESTRICTED ELIGIBILITY)

(UNRESTRICTED ELIGIBILITY)