

PRE-ENROLLMENT CONTACT AFFIDAVIT CIF FORM 510



Pre-Enrollment Contact Affidavit must be completed by ALL STUDENTS who transfer from one School "A" to another School "B".

This Affidavit must be filed with CIF TRANSFER FORM 207. and under Section Foreign Student Waiver 209.A.(3)a.

STUDENT NAME:		Telepho	ne ()	
Current Address:		City	Zij	0
Year in School (check one):	: FR SO JR	SR Gender	(check one):	MF
FORMER SCHOOL:		Date Enrolled (M/D/YR):	: From	to
NEW SCHOOL:Date Enrolled (M/D/YR):				
Sport(s) and level of partici	pation in the previous	twelve calendar months:		
Spor	rtrtrtrt			
ineligibility of the studen athletic program. See CIF ALL STUDENTS ARE REG	nt applicant for a per Bylaws 202.B. QUIRED TO DISCLOSE ENEW SCHOOL IN WI	dulent information to gain iod of up to 24 months and ON THIS FORM ANY CONTRITING AND SHOULD BE SECCIF SECTION OFFICE	nd sanctions aga	ID WITH ANYONE
school (School "B"), or is par directly or indirectly, through	w, I certify that no pers rt of the booster club on intermediaries or oth	S AND STUDENT STATEMENT on who is connected with the f School "B" or who was activaterwise with this transfer study prior to the completion of the	e athletic department and on their behalf dent, student's pa	has had communication arents, legal guardian o
Parent's Signature	Date	Student's Signature		Date
athletic team* (i.e., AAU, Ame	erican Legion, club tear	ent has not participated during m, etc.) that is associated with of for definition of a non-school	or coached by an	
Parent's Signature	Date	Student's Signature		Date
		-OR-		
I am unable to certify that one written disclosure of the speci		tatements are true. Therefore, nation to this form.)	, as required, I am	submitting a complete
Parent's Signature	Date	Student's Signature		 Date