

CIF APPLICATION FOR NEW MULTI-SCHOOL MEMBERSHIP STATUS
(CIF Form 303 NEW)

SCHOOLS: RETURN COMPETED APPLICATION, WITH CHECK, TO THE CIF STATE OFFICE **VIA MAIL TO JADE CHIN, CIF STATE, 4658 DUCKHORN DR., SACRAMENTO, CA 95834.** Applications are **Due NO LATER THAN MAY 31, 2018.**

CIF Section: _____ Southern Section _____

Date of Application: _____

FEE FOR THE TOTAL DUES AMOUNT MUST ACCOMPANY THIS APPLICATION. MAKE CHECKS PAYABLE TO STATE CIF

* _____ x \$0.78 = _____

**Total # of students Total Dues
(CIF member school & multi-school students)**

- Please complete signatures on all lines below.
- NEW APPLICATIONS must be filed by May 31 of the current school year **WITH ALL FEES ATTACHED WITH THE APPLICATION.**
- NEW APPLICATIONS received **AFTER May 31 WILL NOT BE APPROVED.**
- Applications received without fees attached will be returned to applicant for re-submission as long as the fees are submitted prior to the deadline of May 31 of the current school year.

NEW APPLICATION

(CIF Member School requesting multi-school teams status)

(Grade levels involved)

(Street Address)

(City)

(Zip)

(Principal designated to have administrative responsibility)

List school(s) or campus(es), location(s), and grade level(s) to be unified with the above listed CIF school for sports team purposes:

School Name: _____

Address: _____

Principal's Name: _____

Please specify, even though you are a continuation high school, whether your board of education considers the school an alternative school.

List reason(s) for request: _____

List sport(s) by team to be included (identify as student, boys, or girls):

CBEDS enrollments (required): CIF member school: 9-12: _____ +
School/programs(s) to be unified: 9-12: _____ = _____
Total students (transfer total to * at top of page for invoicing)

The following signatures indicate that State CIF Rule 303 has been read and certifies that all the required conditions have been met for this multi-school status request (see attached CIF Bylaw 303):

(Signed) *(School)* *(Date)*

Principal, CIF Member School

(Signed) *(Date)*

President, Board of Education, CIF Member School

(Signed) *(Date)*

Principal, Non CIF School Involved (attach additional pages as necessary)

(Signed) *(School)* *(Date)*

President, Board of Education, Non Member School

(Signed) *(Date)*

President, _____
(League)

(Signed) *(Date)*

Commissioner, _____
(CIF Section)

Permission to field multi-campus or unified sports teams as indicated in this application is granted for the 2018-2019 school year.

State CIF Executive Director

Date