

# 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, 2019.**

CIF Section: \_\_\_\_\_ Southern Section \_\_\_\_\_

Date of Application: \_\_\_\_\_

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

\* \_\_\_\_\_ x \$0.83 = \_\_\_\_\_

**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 2019-2020 school year.

\_\_\_\_\_  
*State CIF Executive Director*

\_\_\_\_\_  
*Date*