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

## THIS FORM MUST BE COMPLETED AND RETURNED TO THE CIF STATE OFFICE NO LATER THAN MAY 31, 2020 MAIL TO: CHRISTINA SHANNON, CIF STATE OFFICE, 4658 DUCKHORN DRIVE, SACRAMENTO, CA 95834

**CIF Section**: Southern Section Date Of Application: \_ Bylaw 303.B.(6)a. (i) All new applications must be received in the State Office prior to May 31 of the current school year for approval for the following school year. (ii) All fees must accompany the application and be received prior to May 31. The request will not be considered until the fees are submitted. PLEASE COMPLETE THIS FORM AND PROVIDE ALL SIGNATURES (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), and address to be unified with the above listed CIF member school for sports team purposes: **School Name:** School Name: Address: Address: Principal's Name: 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): CIF WILL INVOICE MEMBER SCHOOL THE CBEDS Enrollments (required) **FOLLOWING AMOUNT FOR CIF STATE DUES** CIF MEMBER SCHOOL: 9-12: \* TOTAL # OF STUDENTS: \$ 0.88 = School/programs(s) to be unified: 9-12: **CIF STATE DUES:** \* Total # of students: 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): Principal, CIF Member School (Signed) (School) (Date) President, Board of Education, CIF Member School (Signed) (Date) Principal, Non CIF School Involved (attach additional pages (Signed) (Date)

Permission to field multi-campus or unified sports teams as indicated in this application is granted for the 2020-2021 school year.

(Date)

(Date)

(Date)

President, \_

Commissioner,

President, Board of Education, Non Member School

Southern Section

(League)

(CIF Section)

State CIF Executive Director Date

(School)

(Signed)

(Signed)

(Signed)