## 2024-2025 CIF APPLICATION FOR NEW MULTI-SCHOOL MEMBERSHIP STATUS (CIF Form 303 NEW)

THIS FORM MUST BE COMPLETED AND RETURNED TO YOUR CIF SECTION OFFICE NO LATER THAN MAY 31, 2024 CIF Section: \_ Date Of Application: \_\_\_

## Bylaw 303.B.(6)a.

State CIF Executive Director

- (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.

PL	EASE COMPLET	E THIS FORM AND P	ROVIDE ALL SIGNATURES	
(CIF Member School requesting multi-school teams status)			(Grade levels involved)	
(Street Address)		(City)	(Zip)	
(Principal designated to have administrativ	ve responsibility)			
ist school(s) or campus(es), and addres	ss to be unified wi	th the above listed CIF	member school for sports team purposes:	
chool Name:				
Address:				
Principal's Name:				
Please specify, even though you are a c	continuation high	school, whether your b	oard of education considers the school an alternative school.	
ist reason(s) for request:				
ist sport(s) by team to be included (ide	entify as student,	boys, or girls):		
		g for an exclusive	multi-school relationship as per Bylaw 303.C.(1).  CIF WILL INVOICE MEMBER SCHOOL THE	
CBEDS Enrollments (required)		g for an exclusive	CIF WILL INVOICE MEMBER SCHOOL THE FOLLOWING AMOUNT FOR CIF STATE DUES	
CBEDS Enrollments (required) CIF MEMBER SCHOOL:	9-12:		CIF WILL INVOICE MEMBER SCHOOL THE FOLLOWING AMOUNT FOR CIF STATE DUES  * TOTAL # OF STUDENTS:	
CBEDS Enrollments (required) CIF MEMBER SCHOOL: School/programs(s) to be unified:	9-12:		CIF WILL INVOICE MEMBER SCHOOL THE FOLLOWING AMOUNT FOR CIF STATE DUES  * TOTAL # OF STUDENTS:  x \$ 0.98 =	
CBEDS Enrollments (required) CIF MEMBER SCHOOL: School/programs(s) to be unified: * Total # of students:	9-12:	+ =	CIF WILL INVOICE MEMBER SCHOOL THE FOLLOWING AMOUNT FOR CIF STATE DUES  * TOTAL # OF STUDENTS:  x \$ 0.98 =  CIF STATE DUES: \$	
CBEDS Enrollments (required) CIF MEMBER SCHOOL: School/programs(s) to be unified: * Total # of students: The following signatures indicate that State request (see attached CIF Bylaw 303):	9-12:	+ =	CIF WILL INVOICE MEMBER SCHOOL THE FOLLOWING AMOUNT FOR CIF STATE DUES  * TOTAL # OF STUDENTS:  x \$ 0.98 =  CIF STATE DUES: \$	
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Date