ALL FOREIGN EXCHANGE STUDENT-ATHLETES MUST COMPLETE THIS FORM ONLINE. NO PAPER COPIES WILL BE ACCEPTED! SCHOOLS WILL UPLOAD THIS SIGNED DOCUMENT TO THE CASE FILE IN CIF-SJS HOME.

1) **Name** _____ M ☐ F ☐ _____ Date of Birth _____ Grade _____ Area Code/Home Phone

2) **Host Family First Name** _____ **Host Family Last Name** _____

Host Family Current Address _____ House Number and Street Name _____ City/State/Zip

_____ PUBLIC SCHOOL **DISTRICT** YOUR CURRENT ADDRESS IS IN _____ **SPECIFIC PUBLIC H.S.** YOUR CURRENT ADDRESS BELONGS TO

3) **Enrollment Date** _____ **Name of Approved Foreign Exchange Prgram** _____

I have looked at the state website to confirm this is an approved program? Yes _____ **No** _____

Local Representative Name: _____ **Phone Number:** _____

Former Address: _____ House Number and Street Name _____ City and Country

4) **Has the student attended your school prior to this transfer? Yes** ____ **No** ____

5) **CERTIFICATION OF APPLICATION:** I authorize any former school/s and the current school to release all records/requests made by the CIF and to discuss enrollment and/or extracurriculur participation with the CIF. I authorize the CIF to use that information in making its determination. I am authorized to execute this request. I affirm that all of the above statements are true to the best of my knowledge. I further affirm that I understand that if subsequent to the approval of this athletic eligibility application, it is discovered that this approval was granted on false, erroneous, inaccurate or incomplete information, severe penalties affecting the further eligibility of this student-athlete may apply.

By signing this affidavit, I certify that no person/s connected with the athletic department of the new school ("School B") or no person with affiliation to the booster club of "School B", including anyone acting on their behalf, has had communication, directly or indirectly, through intermediaries or otherwise with this process at "School B". I also certify that the student has not participated during the previous 24 months on any non-school athletic team (i.e., AAU, American Legion, club team*, etc.) that is associated with or coached by anyone associated with "School B". (*See Bylaw 510 for definition of non-school athletic team.)

NOTE: BELOW YOU WILL SIGN ITEM 6 OR ITEM 7. DO NOT SIGN BOTH SECTIONS. READ CAREFULLY.

6) **IF THE ABOVE STATEMENTS (UNDER CERTIFICATION OF APPLICATION) ARE TRUE, SIGN BELOW. YOU WILL NOT NEED TO PROCEED TO ITEM 7. IF YOU CANNOT CERTIFY THE ABOVE STATEMENTS, DO NOT SIGN ITEM 6. SKIP TO ITEM 7 BELOW AND SIGN THERE.**

PARENT SIGNATURE _____ **DATE** _____ **STUDENT SIGNATURE** _____ **DATE** _____

7) **I AM UNABLE TO CERTIFY THAT SOME OR ALL OF THE ABOVE STATEMENTS ARE TRUE. THEREFORE, AS REQUIRED, I AM SUBMITTING A COMPLETE WRITTEN DISCLOSURE OF THE SPECIFIC EXPLANATION. (ATTACH A WRITTEN EXPLANATION TO THIS FORM)**

PARENT SIGNATURE _____ **DATE** _____ **STUDENT SIGNATURE** _____ **DATE** _____