

Form 510 Pre enrollment Contact
SUBMIT ORIGINAL TO: High School Athletic Director

NOTE: SUBMIT ONLY THE ORIGINAL DOCUMENT. ALLOW 20 BUSINESS DAYS FOR INVESTIGATION AND REVIEW. AT THE TIME OF FILING THIS DOCUMENT, SUBMIT ALL KNOWN FACTS AND/OR DOCUMENTS. ADDITIONAL FACTS SUBMITTED LATE MAY NOT BE CONSIDERED BY THE COMMISSIONER.

1. STUDENT'S NAME _____	DATE OF BIRTH ___/___/___	Circle one: 9 10 11 12 (yr in school)
2. CURRENT ADDRESS _____ (city) (zip)	PHONE (_____) _____ (area code)	
3. FORMER ADDRESS _____ (city) (zip)		
4. TRANSFER FROM _____ HIGH SCHOOL TO _____ HIGH SCHOOL (previous school name) (new school name)		
5. ENROLLED IN PREVIOUS SCHOOL FROM ___/___/___ TO ___/___/___ Began attending NEW school on: ___/___/___ (high school enrollment only) (month/day/year) (month/day/year) (month/day/year)		
6. LIST ALL HIGH SCHOOLS & DATES ATTENDED: _____		
7. Name of the Public High School in which attendance area you reside _____		

510 PRE-ENROLLMENT CONTACT AFFIDAVIT (By-law 510)—READ CAREFULLY BEFORE SIGNING!!!!

PARENT'S AND STUDENT STATEMENT'S #1, AND/OR 2, OR 3

1. SIGN IF TRUE: By signing this affidavit below, I certify that no person who is connected with the athletic department of the enrolling (new) school (School "B"), or is part of the booster club of School "B" or who was acting on their behalf has had ANY communication, directly or indirectly, through intermediaries or otherwise with this transfer student, student's parents, legal guardian or caregiver, or anyone acting on behalf of this student, prior to the completion of the enrollment process at School "B". (Sign below only if this is a true statement. If not sign statement #3 and attach an explanation)

Parent's Signature	Date	Student's Signature	Date
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2. SIGN IF TRUE: By signing this affidavit below, I 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 the enrolling (new) school (School "B"). (*See Bylaw 510 for definition of a non-school athletic team.) (Sign below only if this is a true statement. If not, sign statement #3 and attach an explanation)

Parent's Signature	Date	Student's Signature	Date
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OR

3. SIGN IF EITHER #1 OR #2 ABOVE ARE NOT TRUE: I am unable to certify that one or both of the above statements are true. Therefore, as required, I am submitting a complete written disclosure of the specifics. (Attach the explanation to this form.)

Parent's Signature	Date	Student's Signature	Date
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CERTIFICATION OF APPLICATION: By filing this application for interscholastic athletic eligibility, I specifically authorize any and all of this student's former and current/new high schools to release all records regarding this student and to disclose to the CIF Section ("CIF") representative any information or documentation needed or requested by the "CIF" in making this eligibility determination. I authorize the "CIF" to use that information in making its decision. I understand that the "CIF" may be unable to grant athletic eligibility absent the disclosure of relevant information or documentation from this student's former or current/new high schools. I am authorized to make 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 application, it is discovered that this approval was granted under false, erroneous, inaccurate or incomplete information, severe penalties affecting the future eligibility of this student-athlete may result. (CIF By-law 202)

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF STUDENT

DATE