



CIF-San Diego Section
 2131 Pan American Plaza
 San Diego, CA 92101
 Phone (858) 292-8165
 Fax (858) 292-1375
 www.cifsd.org

REQUEST FOR WAIVER OF CHARGE OF SEMESTER OF ATTENDANCE; WAIVER OF EIGHT SEMESTERS

PLEASE NOTE:

- This is a request to waive a charged semester that a student did not participate in athletics. It is NOT a request for additional semester(s).
- A waiver of a charged semester will only allow a student to participate in sports conducted during charged semester waived.
- A student-athlete must have been eligible, residentially and scholastically, during all seasons of the sport.

SUBMIT ORIGINAL DOCUMENTS ONLY - NO FACSIMILE OR COPIES WILL BE ACCEPTED

MUST BE SUBMITTED BY JUNE 15 - COMPLETED FORM 510 MUST BE ATTACHED

IMPORTANT: Providing false or fraudulent information may cause athlete to be ineligible up to 24 months and sanctions against the school (CIF Bylaw 202).

Date of Application _____

STUDENT INFORMATION

1. Student's Legal Name: _____ Grade Level _____ Date of Birth _____
2. Current Address _____
 (Street) (City) (State) (Zip)
3. Current school site: _____ Current school district: _____
4. Date of first enrollment at current school site: _____
5. Former school site: _____ Enrollment dates: From _____ To _____
6. Date of semester(s) seeking waiver: Fall _____ Spring _____
7. Date of first enrollment in ninth grade at any school _____
8. Grade point average for semester(s) immediately preceding the semester requested to be waived _____
9. Below indicate name of sport, season of sport (spring, winter, fall), and year of all sports student already participated in (at any level) at previous school:

<u>Sport</u>	<u>Season</u>			<u>Year(s)</u>
	Fall	Winter	Spring	
_____	_____	_____	_____	_____
_____	Fall	Winter	Spring	
_____	_____	_____	_____	_____
_____	Fall	Winter	Spring	
_____	_____	_____	_____	_____

10. Statement of reasons for seeking waiver attached? Yes_____ No_____
11. Document(s) to support statement of reasons for seeking waiver attached? Yes_____ No_____
12. List each sport for which extended eligibility is sought and the semester in which student did not participate:

Sport	Semester
_____	_____
_____	_____
_____	_____

REQUESTING SCHOOL INFORMATION

1. Name of School submitting application:_____ Name of District:_____
2. Name of Principal attesting to information:_____
- Name of designee for this matter (if any):_____
3. Current transcript attached? Yes_____ No_____
4. Statement of reason(s) from requesting school that student has not/will not graduate on time attached? Yes_____ No_____

FORMER SCHOOL INFORMATION (IF APPLICABLE)

If a transfer student, signature of former principal that transfer is not a result of pending or final discipline

_____	_____	_____	_____
Former Principal's Signature	Former Principal's Printed Name	School	Date

CERTIFICATION

I have submitted all relevant information and documentation to the CIF-San Diego Section for consideration. This application is complete, and there is no other relevant information to be considered. I declare under penalty of perjury under the laws of the state of California that foregoing application and documents submitted herewith (incorporated by this reference) is true and correct and that any declaration by me contained in the documents submitted is true, This certification was executed at _____, California.

Signature of Parent/Guardian/Caregiver Date

Signature of Parent/Guardian/Caregiver Date

Signature of Student-Athlete Date

Signature of Principal/Designee Date