



CIF-San Diego Section  
 9921 Carmel Mountain Road #171  
 San Diego, CA 92129 Phone (858)  
 292-8165  
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 www.cifsds.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