

Mail original to  
CIF Sac-Joaquin Section Office,  
1368 E. Turner Road, Suite A  
Lodi, CA 95240

(Form 510 must accompany this form.  
Omit "FORMER SCHOOL STATEMENT" on 510)

# FOREIGN STUDENT REQUEST FOR ATHLETIC ELIGIBILITY

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School \_\_\_\_\_ Date \_\_\_\_\_

Student \_\_\_\_\_  
Last Name First Home Country Grade

This form is to be submitted by schools on behalf of foreign students seeking eligibility for all sports for this school year only. This form must be completed in its entirety or it will be returned without action. Forward completed form to the Section Commissioner. **DO NOT**, under any circumstances, allow the student, to whom this application pertains, to participate on any athletic team until a copy of this form has been returned to the submitting school with the necessary approvals.

**In submitting this eligibility request, the receiving school verifies that the following criteria have been met (do not submit unless all items are checked); VIOLATION OF ANY CRITERIA VOIDS ELIGIBILITY.**

- ( ) Student meets all CIF eligibility requirements.
- ( ) Student had no role or choice in selecting this school to attend.
- ( ) There was no contact with student prior to home placement, by school personnel or residents of school community.
- ( ) There was no contact with an exchange program or placement official by school employee or community resident prior to student placement.
- ( ) Random placement of student complies with Bylaw 510.

1. Administrator submitting request: \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Host Family: Mr/Mrs. \_\_\_\_\_

Host Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Exchange Program: \_\_\_\_\_

Local Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

(PLEASE REVIEW THE LIST OF APPROVED FOREIGN EXCHANGE PROGRAMS ON WWW.CIFSTATE.ORG. ONLY STUDENTS UNDER APPROVED PROGRAMS MEETING ABOVE STANDARDS ARE ASSURED ELIGIBILITY)

Other Arrangements (Relative, Friend, Other): \_\_\_\_\_

Purpose for coming to USA - Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CIF APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

CIF REJECTION: \_\_\_\_\_ DATE: \_\_\_\_\_

