CIF APPLICATION FOR NEW MULTI-SCHOOL MEMBERSHIP STATUS
(CIF Form 303 NEW)

SCHOOLS: RETURN COMPETED APPLICATION TO YOUR CIF SECTION OFFICE. Applications are **Due NO LATER THAN MAY 31, 2019** (in the CIF Section Office)

CIF Section: _____

Date of Application: _____

FEES FOR THE TOTAL DUES AMOUNT MUST ACCOMPANY THIS APPLICATION.
MAKE CHECKS PAYABLE TO STATE CIF.

***_____ x $0.83 = _____**

Total # of students (CIF member school & multi-school students) **Total Dues**

- Please complete signatures on all lines below.
- NEW APPLICATIONS must be filed by May 31 of the current school year **WITH ALL FEES ATTACHED WITH THE APPLICATION.**
- NEW APPLICATIONS received **AFTER May 31 WILL NOT BE APPROVED**.
- Applications received without fees attached will be returned to applicant for re-submission as long as the fees are submitted prior to the deadline of May 31 of the current school year.

NEW APPLICATION

_____ _____
(CIF Member School requesting multi-school teams status) *(Grade levels involved)*

_____
(Street Address) *(City)* *(Zip)*

_____
(Principal designated to have administrative responsibility)

List school(s) or campus(es), location(s), and grade level(s) to be unified with the above listed CIF school for sports team purposes:

School Name: _____ _____

Address: _____ _____

Principal's Name: _____ _____

Please specify, even though you are a continuation high school, whether your board of education considers the school an alternative school.

List reason(s) for request: _____

List sport(s) by team to be included (identify as student, boys, or girls):

_____

_____

CBEDS enrollments (required): CIF member school: 9-12: _____ +

School/programs(s) to be unified: 9-12: _____ = _____

Total students (transfer total to * at top of page for invoicing)

The following signatures indicate that State CIF Rule 303 has been read and certifies that all the required conditions have been met for this multi-school status request (see attached CIF Bylaw 303):

_____ Principal, CIF Member School
(Signed) *(School)* *(Date)*

_____ President, Board of Education, CIF Member School
(Signed) *(Date)*

_____ Principal, Non CIF School Involved (attach additional pages as necessary
(Signed) *(Date)*

_____ President, Board of Education, Non Member School
(Signed) *(School)* *(Date)*

_____ President, _____
(Signed) *(Date)* *(League)*

_____ Commissioner, _____
(Signed) *(Date)* *(CIF Section)*

Permission to field multi-campus or unified sports teams as indicated in this application is granted for the 2019-2020 school year.

_____ _____
State CIF Executive Director *Date*