



ATTENTION: TRANSFER STUDENTS

Welcome to Nueva! Attached you will find transfer eligibility information provided by the Central Coast Section of the CIF. Any transfer student who was not enrolled at Nueva for the entire previous school year must complete an eligibility application form and be cleared before they can play any sport at Nueva. If you plan on playing an interscholastic sport at Nueva, you must fill out and return this form.

Forms can be emailed or scanned:

Nueva School
C/O Amrit Chima – Athletic Director
131 East 28th Ave.
San Mateo, CA 94403

Forms should be returned by July, 1st.

For assistance please contact Amrit Chima, Athletic Director
(achima@nuevaschool.org).



CCS Parent/Student Information & Signature Form

(Required for all 207/510 Transfer Applications [except A-B-A])

All transfer application packets must be completed by school personnel through CIF-CCS Home. No paper copies will be accepted. Schools must upload this Parent/Student form after completed & signed to the Case File in CIF-CCS Home



1. Student's Name: _____ Date of Birth: ____/____/____ Year in School @ time of enrollment in NEW school: 9 10 11 12
2. Current Address: _____
(Street) (City) (State) (Zip Code) (Country)
3. Former Address: _____
(Street) (City) (State) (Zip Code) (Country)
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)
6. Chronologically list ALL other high schools this student has attended since enrollment in 9th grade. Previous School(s) Attended Enrollment Dates
(Note: If student is an international student, make sure you only include enrollment starting with US equivalent of 9th grade.)
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|----------|---|
| 1. _____ | Attended from: ____/____/____ to ____/____/____ |
| 2. _____ | Attended from: ____/____/____ to ____/____/____ |
| 3. _____ | Attended from: ____/____/____ to ____/____/____ |
7. List **ALL** sports, at **ANY** level in which this student participated at the former school(s) in the 12 months prior to the transfer to the new school. List **ALL** sports, at **ANY** level (freshman, frosh/soph, jv or varsity) in which this student intends to participate at the new school.
(Note: If student is transferring from a HS outside the US, please also include club sports)

Fall Season: _____	Fall Season: _____
Winter Season: _____	Winter Season: _____
Spring Season: _____	Spring Season: _____

8. Pre-Enrollment Contact Affidavit - CIF Bylaw 510 (*Please Note, **ONLY** sign Box #1 or Box #2 below, **NOT** both)

By signing this affidavit below, I certify that no person who is associated* with the athletic department of the enrolling (new) school, or is part of the booster club or parent community of the enrolling (new) school, or who is acting on their behalf, has had communication, directly or indirectly, through intermediaries or otherwise with this transfer student, this student's parents, legal guardians or caregivers, or anyone acting on behalf of the student, prior to the completion of the enrollment process at the enrolling (new) school. (*See CIF Bylaw 510 for definition of "associated.")

Furthermore, I certify that the student has not participated 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, during the previous 24 months immediately prior to this enrollment in the new school. (*See CIF Bylaw 510 for definition of a non-school athletic team.) I understand that I am required to disclose any such pre-enrollment contact and that failure to do so may result in severe penalties affecting the future eligibility of this student athlete's high school eligibility. (CIF bylaws 207.A.(3), 207.B.(2), 207.C; 510.C-E)

Box #1. If the above pre-enrollment contact statements are true, sign below:

_____ Parent Signature	_____ Date	_____ Student Signature	_____ Date
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OR

Box #2. I am unable to certify that some or all of the above pre-enrollment contact statements are true. **Therefore, as required, I am submitting a complete written disclosure describing the circumstances that do not allow me to verify the statement(s) above are true**

_____ Parent Signature	_____ Date	_____ Student Signature	_____ Date
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9. Certification of Application: By filing this application for interscholastic residential eligibility, I specifically authorize any former or current/new school(s) to release all records regarding this student and to disclose to the CIF/CCS representative any information or documentation needed or requested by the CIF/CCS in making this eligibility determination. I authorize the CIF/CCS to use that information in making its decision. I understand that the CIF/CCS may be unable to grant athletic eligibility absent the disclosure of relevant information or documentation from this student's former or current/new 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, subsequent to the eligibility determination of this application made by the CIF/CCS, 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 and teams on which this student competed may result. (CIF bylaw 202)

_____ Parent Signature	_____ Date	_____ Student Signature	_____ Date
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ATTENTION PARENT/STUDENT: Once this form is complete, please return it to the athletic director at your new school.