



State CIF Appeals Office  
 1256 Lathrop Road, # 101  
 Manteca, CA 95336  
 Ph: 209-471-3270 Fax 209-824-7980

DATE OF SECTION DECISION \_\_\_\_\_  
 DATE RECEIVED \_\_\_\_\_  
 DATE REVIEWED \_\_\_\_\_  
 FEE WAIVED \_\_\_\_\_  
 DATE RETURNED \_\_\_\_\_  
 HEARING DATE SET \_\_\_\_\_  
 HEARING NOTICE \_\_\_\_\_  
 DOCUMENTS DUE \_\_\_\_\_

FOR STATE APPEALS OFFICE USE ONLY

## REQUEST FOR APPEAL OF SECTION DECISION ON TRANSFER ELIGIBILITY

Please refer to Parent Handbook-II at [www.cifstate.org](http://www.cifstate.org) for information regarding the appeal process.

**THIS FORM IS TO BE COMPLETED WITH THE ASSISTANCE OF THE  
 CURRENT SCHOOL ADMINISTRATION.**

**NO FAX OR E-MAIL REQUEST FORMS ACCEPTED.  
 REQUEST FORMS MUST BE SUBMITTED ON TIME, NON-REFUNDABLE  
 ADMINISTRATIVE FEE MUST BE SUBMITTED WITH THIS REQUEST FORM.**

**1.0 To Timely Process This Appeal Request All of the Following Information Is Required:**

CIF Section: \_\_\_\_\_

Non-refundable Administrative Fee of \$150 included: [yes] [no] [exempt].

**Cashier's Check or Money Order Only  
 Payable to State CIF.**

Name of current school site administrator assisting in the completion of this form:

\_\_\_\_\_ \_\_\_\_\_  
 PRINT NAME TITLE

\_\_\_\_\_ \_\_\_\_\_  
 SIGNATURE DATE

Name of student on whose behalf appeal is filed \_\_\_\_\_

Name of person(s)/entity \_\_\_\_\_  
 filing this appeal (Appellant)

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

\_\_\_\_\_ \_\_\_\_\_  
 CITY ZIP

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Student's current school and district:

\_\_\_\_\_ **SCHOOL**

\_\_\_\_\_ **SCHOOL DISTRICT**

Student's current principal

Current principal's email

Current school address:

Current school telephone:

Current school fax number:

Student's previous school and district:

\_\_\_\_\_ **SCHOOL**

\_\_\_\_\_ **SCHOOL DISTRICT**

Principal at previous school:

Previous principal's email:

Previous school address:

School telephone:

School fax number

League and/or conference in which student will compete:

League: \_\_\_\_\_

Conference: \_\_\_\_\_

League and/or conference in which student previously competed:

League: \_\_\_\_\_

Conference: \_\_\_\_\_

**2.0 Basis for Appeal of Decision (check all that apply) - Required:**

Facts discovered subsequent to Commissioner’s decision that could not have been reasonably discovered before decision; (New documents, material and information should be submitted with this application)

Procedural violations (e.g., no notice, missed deadlines, etc.);

Misapplication of facts to bylaw (e.g., not all facts considered, facts misstated, disputed facts, etc.)

Decision based on inappropriate bylaw (e.g., another bylaw applies)

Other, explanation required.

Briefly explain the basis of the appeal (attached separate sheet if additional space is needed):

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**3.0 The Following Additional Information Is Required:**

1. A copy of the Section Commissioner’s written decision is attached to this application. initial \_\_\_\_\_
2. All new information, paperwork and documentation to be submitted for consideration have been submitted with this request. [yes] [no] initial \_\_\_\_\_
3. Appellant requests a: (**MARK ONE BELOW - See Parent Handbook-II.**)  
\_\_\_\_ Single hearing officer or \_\_\_\_ 3-member panel. initial \_\_\_\_\_
4. Appellant qualifies for and receives a free or reduced lunch at school. A copy of the approved application or student lunch card is attached to this appeal application. [yes] [no] initial \_\_\_\_\_

Please DO NOT STAPLE PAPERWORK

**4.0 Required Certification**

I declare under penalty of perjury under the laws of the State of California that the above statements are true and correct; that the supporting documents attached are true and correct copies of the original documents; and acknowledge that the Appeals Panel decision is final.

\_\_\_\_\_  
Appellant’s Signature                      date

\_\_\_\_\_  
Appellant’s Signature                      date