



State CIF Appeals Office
 P.O. Box 2586
 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 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 included: [yes] [no] [exempt] Cashiers Check or Money Order Only.

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:

Student's previous school and district:

_____ **SCHOOL**

_____ **SCHOOL DISTRICT**

Principal at previous school:

Previous principal's email:

Previous school address:

School telephone:

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):

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 single hearing officer rather than the 3-member panel. (See Parent Handbook-II.) [yes] [no] 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 _____

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