

FOREIGN EXCHANGE STUDENT APPLICATION

FOR WAIVER OF RESIDENTIAL (TRANSFER) ELIGIBILITY RESTRICTIONS

SAN FRANCISCO SECTION FORM 209 – FOREIGN EXCHANGE STUDENTS

Please type or Print!

- This form is to be submitted by schools on behalf of students transferring from a foreign country without their parent's moving, who are 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 application form to the San Francisco 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 approved and returned to the submitting school

STUDENT _____ **DATE OF TRANSFER** _____
(last name, first name) (year in school) (day/month/year)

_____ **MALE FEMALE**
country from which the student transferred Sport(s) in which the student wishes to participate (circle one)

PURPOSE IN COMING TO THE USA – Explain: _____

In submitting this eligibility application, the receiving school verifies that the following criteria have been met. The student must meet all this criteria in order to be considered for eligibility. Do not submit an application, therefore, unless all items can be checked OR if you cannot check one of these items, but feel information as to the circumstances of this student is pertinent to the San Francisco Section Commissioner's review, please describe on the back of this form.

- Student meets all Section requirements. Student had no role/choice in selecting this school to attend.
- Student has not graduated from high school. 8 semesters have not elapsed since student entered high school.
- Student has not been in any other U.S. high school prior to this one.

THIS STUDENT IS HERE WITH A CIF APPROVED FOREIGN EXCHANGE PROGRAM
(see CIF Bylaw 209 – only students under approved programs meeting the above standards are granted eligibility)

1. Exchange Program: _____ (full name & acronym)

Local Representative: _____ Phone: _____

2. Host Family: Mr./Ms. _____

Home Phone: _____ Work Phone: _____

Address: _____ City: _____, CA Zip: _____

- There was no contact with the student prior to home placement by school personnel or community residents
- There was no contact with an exchange program or placement official by school employee or community resident prior to student placement

THIS STUDENT HAS TRANSFERRED FROM A COUNTRY WHICH CURRENTLY HAS NO ACCESS TO ANY FOREIGN EXCHANGE PROGRAMS

Living Arrangements: (Relative/Friend/other) _____

Name: _____ Phone: _____

Address: _____ City: _____, CA Zip: _____

THIS STUDENT IS HERE UNDER THE AUSPICES OF A SISTER CITY PROGRAM

Host Family: Mr./Ms. _____ Phone: _____

Address: _____ City: _____, CA Zip: _____

SAN FRANCISCO SECTION FORM 209 – FOREIGN EXCHANGE STUDENTS
FORM 510 MUST BE SUBMITTED WITH THIS FORM

APPLICATION FOR: _____

ADMINISTRATOR SUBMITTING REQUEST: _____

REQUESTING ADMINISTRATOR'S POSITION: _____

SCHOOL NAME: _____ DATE: _____

Please provide any other information or details pertaining to any information on the front of this application that should be considered by the Commissioner:

**DO NOT FORGET TO ATTACH FORM 510 FOR ALL TRANSFER STUDENTS –
INCOMPLETE APPLICATIONS WILL BE DENIED!**

Commissioner's Approval _____

Date _____

Commissioner's Denial _____

Date _____