



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](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 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 DISTRICT

Student's current principal: \_\_\_\_\_

Current principal's email: \_\_\_\_\_

Current school address: \_\_\_\_\_  
 ADDRESS CITY ZIP

Current school telephone: \_\_\_\_\_

Student's previous principal: \_\_\_\_\_

Previous principal's email: \_\_\_\_\_

Previous school address: \_\_\_\_\_  
ADDRESS CITY ZIP

Previous 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;
- 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**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. Appellant requests a single hearing officer rather than the 3-member panel. (See Parent Handbook-II.)  
[yes] [no] Initial \_\_\_\_\_
3. 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