

BACSAC Phone: (407) 924-5638 admin@bacsac.org

PRE-ENROLLMENT CONTACT AFFIDAVIT CIF FORM 510

This Affidavit mu	ust be filed w	<u>ith an</u>	<u>Athletic</u>	<u> Transfer Eligibility</u>	<u>Application</u>	via CIF Ho	<u>me.</u>
STUDENT NAME:				Teleph	one: (

Current Address:			City:		Zip:
Year in School (circle one): FR	SO JR	SR	Gender (circle one):	M F	
FORMER SCHOOL:			ate Enrolled (M/D/YR): From	1	to
NEW SCHOOL:			Date Enrolled	I (M/D/YR):	
Sport(s) and level of participation	on in the previo	us twelve cale	ndar months:		
Sport_					
Sport_					
Sport_					
IMPORTANT NOTE: Providing the student applicant for a per CIF Bylaws 202.B. ALL STUDENTS ARE REQU	riod of up to 2	24 months and	d sanctions against the so	chool's athle	tic program. See
By signing this affidavit below, I school (School "B"), or is part of directly or indirectly, through int caregiver, or anyone acting on I	l certify that no f the booster cli ermediaries or	person who is ub of School ' otherwise with	B" or who was acting on the this transfer student, stude	eir behalf has ent's parents,	had communication legal guardian or
		- A	ND -		
By signing this affidavit below, school athletic team* (i.e., AAU associated with the enrolling (ne	, American Leg	ion, club team	, etc.) that is associated wi	ith or coached	d by anyone
Parent's Signature	Date		Student's Signature		Date
		-0	PR-		
I am unable to certify that one complete written disclosure of t				required, I an	n submitting a
Parent's Signature	Date		Student's Signature		Date

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