## The Cambridge School



## CIF-San Diego Residence & Eligibility Verification



This form is to be completed annually for any student participating in athletics or co-curricular activities by the parent/guardian with whom the student resides.

	PLEASE SELE	CT ALL CO-CURRIC	CULARS THAT T	HE STUDENT W	ILL BE PARTI	CIPATING IN	
Cross C	Country	■ Track and Field		Basketball		Volleyball	
Swim		■ Flag Football	•	Weight Training		Summer Sport Camps	
Name of Student			Ag	e		Grade	
Address				City/Zip Code			
Home Phone Number				Date of Birth			
Contact Number (Mother)				Contact Number (Father)			
I am the one	with whom this st	udent/athlete resides:	(select one)				
☐ Parent	☐ Legal			aretaker	☐ Foster Paren	t 🔲 Emancipated Minor	
I affirm that	this student/athle	te resides at the follow	ing address:				
Street Address	3						
City/State/Zip Code			Но	Home Phone Number			
D . / A .	1 (1)						
Street Address	•	om that listed above):	City	y/State/Zip Code			
Street Address	(Father)		City	y/State/Zip Code			
Student Sta	tus:						
☐ Continuing Student ☐ Incoming Freshman				☐ New Resident			
	ative Placement	∐ Intra-l	District Transfer		☐ Inter-District	t Iransfer	
Name of School	ttended Last Year:				Sport(	(s) Played	
				Sport(s) Played			
Name of School/City/State				Sport(S) Playeu			
the High Sch	erson student reside nool boundaries and, ure and immediate in	or I have followed the [	District transfer pro			d that this street address is within sifying this information will cause	
Signature of Person with Whom Student Resides/Date				Signature of Student/Date			
		This section to be compl	eted by all new, incon	ning freshman, and tr	ansfer students.		
accurate, and kind whatso	d complete. State CIF ever with the parent	Bylaws also require tha	t parents, students, months prior to enr	coaches and schools collment in the school	s must disclose ol. <b>I understand</b>	in athletics must be true, correct any pre-enrollment contact of any that it is my responsibility to securticipation.	
Check one:	☐ There has been no pre-enrollment contact of any kind whatsoever during the previous 24 months with anyone at or associated with the school or its athletic programs.						
		pre-enrollment contact thletic programs by: (se		ıs 24 months with ir	ndividuals at or	associated with the	
	Clubs		_8th Grade Parent I	Night Co	nversation with	High School Coach	
	* A true, correc	t, and complete written	disclosure of that p	re-enrollment conta	act is attached t	to this form.	