CIF - SAN DIEGO SECTION
RESIDENCE & ELIGIBILITY VERIFICATION
Athletic/Extracurricular Participation

** To be completed by individual with whom student resides **

PLEASE PRINT

ATHLETE NAME_____ ***GRADE***_____
Last Name *First Name*

SPORT(s) _____

1. I am the one with whom this student-athlete resides: (check one box)

☐	*Parent*	☐	*Legal Guardian*	☐	*Relative*
☐	*Caretaker*	☐	*Foster Parent*	☐	*Emancipated Minor*

2. I AFFIRM THAT THIS STUDENT RESIDES AT THE FOLLOWING ADDRESS:

_____ _____
Street Address *Apt. or Unit*

_____ _____ _____
City/State *ZIP* *Telephone*

PARENTS' RESIDENCE (if different than listed in #2)

_____ _____
Mother's Street Address *City*

_____ _____
Father's Street Address *City*

3. Student Status

☐	*Continuing WVHS student*	☐	*Incoming 9th grader*
☐	*New resident*	☐	*Administrative Placement*
☐	*Inter-District Transfer*	☐	*Intra-District Transfer*

4. School attended last year
*School*_____ *City*_____

5. I understand that this street address is within Westview High School boundaries and /or I have followed the district transfer procedures. I also understand that falsifying this information will cause team forfeiture and immediate ineligibility.

_____
Signature of person with whom student-athlete resides *Date*

_____
Printed name of person checked on line 1