

**CIF APPLICATION FOR NEW MULTI-SCHOOL MEMBERSHIP STATUS
(CIF Form 303 NEW)**

THIS FORM MUST BE COMPLETED AND RETURNED TO THE CIF STATE OFFICE NO LATER THAN MAY 31, 2020

MAIL TO: CHRISTINA SHANNON, CIF STATE OFFICE, 4658 DUCKHORN DRIVE, SACRAMENTO, CA 95834

CIF Section: Southern Section

Date Of Application: _____

Bylaw 303.B.(6)a.

- (i) All new applications must be received in the State Office prior to May 31 of the current school year for approval for the following school year.
- (ii) All fees must accompany the application and be received prior to May 31. The request will not be considered until the fees are submitted.

PLEASE COMPLETE THIS FORM AND PROVIDE ALL SIGNATURES

The Academy of Innovation

9-12

(CIF Member School requesting multi-school teams status)

(Grade levels involved)

26400 Dartmouth Avenue

Hemet

92544

(Street Address)

(City)

(Zip)

Frank Green

(Principal designated to have administrative responsibility)

List school(s) or campus(es), and address to be unified with the above listed CIF member school for sports team purposes:

School Name: Hemet High School

School Name: Tahquitz High School

Address: 41701 Stetson Avenue, Hemet, CA

Address: 4425 Tahquitz Trail, Hemet CA 92544

Principal's Name: Dr. Emily Shaw

Principal's Name: Dr. Eric Dahlstrom

Please specify, even though you are a continuation high school, whether your board of education considers the school an alternative school.

List reason(s) for request: The Academy of Innovation doesn't have the facilities for CIF sports

List sport(s) by team to be included (identify as student, boys, or girls): Boys and Girls

CBEDS Enrollments (required)

CIF MEMBER SCHOOL: 9-12: _____ +

School/programs(s) to be unified: 9-12: _____ =

* Total # of students : _____

CIF WILL INVOICE MEMBER SCHOOL THE FOLLOWING AMOUNT FOR CIF STATE DUES

* TOTAL # OF STUDENTS: _____
x \$ 0.88 =
CIF STATE DUES: \$ _____

The following signatures indicate that State CIF Rule 303 has been read and certifies that all the required conditions have been met for this multi-school status request (see attached CIF Bylaw 303):

(Signed) (School) (Date)

Principal, CIF Member School

(Signed) (Date)

President, Board of Education, CIF Member School

(Signed) (Date)

Principal, Non CIF School Involved (attach additional pages)

(Signed) (School) (Date)

President, Board of Education, Non Member School

(Signed) (Date)

President, _____
(League)

(Signed) (Date)

Commissioner, Southern Section
(CIF Section)

Permission to field multi-campus or unified sports teams as indicated in this application is granted for the 2020-2021 school year.

State CIF Executive Director

Date

