



**CALIFORNIA INTERSCHOLASTIC FEDERATION
NORTHERN SECTION**

Elizabeth Kyle, Commissioner
2241 St. George Lane #2
Chico, CA 95926

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Date _____

Elizabeth Kyle, NSCIF Commissioner
2241 St. George Lane #2
Chico, CA 95926

RE: Appeal of CIFNS Commissioner's Decision

Dear Mrs. Kyle:

By this letter, _____ (name of school), _____ (name of conference), or _____ (name of athlete) appeal the decision of the CIFNS dated, _____, which ruled:

(use additional sheet, if necessary).

The basis of this appeal is (check all appropriate):

- Facts discovered subsequent to Commissioner's Decision (Statement of Facts to be attached to this appeal application).
- Misapplication of the facts to the Bylaw.
- Decision based upon inappropriate Bylaw.
- Other (please explain on additional sheet and attach to this appeal application).

Please schedule an appeal hearing in this matter in accordance with CIFNS procedures of Article 11 of the State CIF Bylaws and CIFNS Bylaws. The \$100 fee for an appeal of the Commissioners decision is enclosed. Fee must be paid prior to scheduling the hearing.

Signature of Appellant

Printed Name of Appellant

Date

The school acknowledges this request for appeal and joins in the request yes no and will be represented at the hearing yes no. If the school does not support the appeal the \$100 fee must accompany this form. Student is exempt from the \$100 administrative fee. () yes*

Signature of Principal

Date

*There is a non-refundable administrative fee of \$100.00 that must be submitted with the request. The fee may be paid with either a money order or a cashier's check made out to the Northern Section CIF; no personal checks are accepted. The Northern Section CIF may waive all or part of the \$100 administrative fee if the student who filed the appeal qualifies for the school free or reduced lunch program in accordance with 42 U.S.C. section 1751 et seq. or the payment of the fee will impose a substantial hardship on the student or his/her family.