



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 9.1e

**Meeting Date:** June 14, 2012

**Subject:** California Interscholastic Federation Representatives for the 2012-13 School Year

- Information Item Only
- Approval on Consent Agenda
- Conference (for discussion only)
- Conference/First Reading (Action Anticipated: \_\_\_\_\_)
- Conference/Action
- Action
- Public Hearing

**Division:** Accountability Office

**Recommendation:** Approve representatives to the California Interscholastic Federation for the 2012-13 school year.

**Background/Rationale:** The California Interscholastic Federation (CIF) requires that the school district's governing board approve representatives for the following school year before July 2<sup>nd</sup>. Attached is the list of representatives for SCUSD high schools for the 2012-13 school year.

In order to have voting representation at the State and Section Executive Meetings for the CIF, these representatives need to be appointed and approved by the Board.

**Financial Considerations:** No cost to the district.

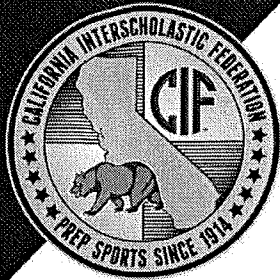
**Documents Attached:**

1. California Interscholastic Federation Form

**Estimated Time of Presentation:** N/A

**Submitted by:** John Smith, Coordinator, District Athletics

**Approved by:** Mary Shelton, Chief Accountability Officer



MARIE M. ISHIDA, EXECUTIVE DIRECTOR

# CALIFORNIA INTERSCHOLASTIC FEDERATION

CIF STATE OFFICE • 4050 ROCKHORN DRIVE • SACRAMENTO, CA 95834 • (916) 239-4477 • FAX (916) 239-4470 • CIFSTATE.ORG

## 2012-2013 Designation of CIF Representatives to League

Please complete the form below for each school under your jurisdiction and **RETURN TO THE CIF SECTION OFFICE (ADDRESSES ON REVERSE SIDE)** no later than July 2, 2012.

Sacramento City Unified School District/Governing Board at its June 14, 2012 meeting,

(Name of school district/governing board)

(Date)

appointed the following individual(s) to serve for the 2012-2013 school year as the school's league representative:

### PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES

NAME OF SCHOOL C.K. McClatchy High School

NAME OF REPRESENTATIVE Peter Lambert POSITION Principal

ADDRESS 3066 Freeport Boulevard CITY Sacramento ZIP 95818

PHONE 916 264-4400 FAX 916 264-4499 E-MAIL peter-lambert@scusd.edu

\*\*\*\*\*

NAME OF SCHOOL Hiram W. Johnson High School

NAME OF REPRESENTATIVE Felisberto Cedros POSITION Principal

ADDRESS 6879 14th Avenue CITY Sacramento ZIP 95820

PHONE 916 277-6300 FAX 916 277-6740 E-MAIL felisbce@scusd.edu

\*\*\*\*\*

NAME OF SCHOOL John F. Kennedy High School

NAME OF REPRESENTATIVE Chad Sweitzer POSITION Principal

ADDRESS 6715 Gloria Drive CITY Sacramento ZIP 95831

PHONE 916 433-5200 FAX 916 433-5511 E-MAIL cnad-sweitzer@scusa.edu

\*\*\*\*\*

NAME OF SCHOOL Luther Burbank High School

NAME OF REPRESENTATIVE Ted Appel POSITION Principal

ADDRESS 3500 Florin Road CITY Sacramento ZIP 95823

PHONE 916 433-5100 FAX 916 433-5199 E-MAIL appel@scusa.edu

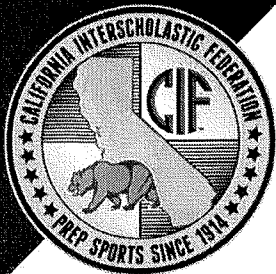
If the designated representative is not available for a given league meeting, an alternate designee of the district governing board may be sent in his/her place. **NOTE:** League representatives from public schools and private schools must be designated representatives of the school's governing boards in order to be eligible to serve on the section and state governance bodies.

Superintendent's or Principal's Name \_\_\_\_\_ Signature \_\_\_\_\_

Address 5735 47th Avenue City Sacramento Zip 95824

Phone 916 643-9000 Fax 916 643-9180

**PLEASE MAIL OR FAX THIS FORM DIRECTLY TO THE CIF SECTION OFFICE. SEE REVERSE SIDE FOR CIF SECTION OFFICE ADDRESSES.**



MARIE M. ISHIDA, EXECUTIVE DIRECTOR

# CALIFORNIA INTERSCHOLASTIC FEDERATION

CIF STATE OFFICE - 7055 ONEHORN DRIVE - SACRAMENTO, CA 95834 - (916) 239-4471 - FAX (916) 239-4478 - CIFSTATE.ORG

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(Name of school district/governing board) (Date)

appointed the following individual(s) to serve for the 2012-2013 school year as the school's league representative:

### PHOTOCOPY THIS FORM TO LIST ADDITIONAL SCHOOL REPRESENTATIVES

NAME OF SCHOOL Rosemont High School

NAME OF REPRESENTATIVE Leise Martinez POSITION Principal

ADDRESS 9594 Kiefer Boulevard CITY Sacramento ZIP 95827

PHONE 916 228-5844 FAX 916 228-5133 E-MAIL leisema@scusd.edu

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NAME OF SCHOOL West Campus High School

NAME OF REPRESENTATIVE Gregory Thomas POSITION Principal

ADDRESS 5022 58th Street CITY Sacramento ZIP 95820

PHONE 916 277-6400 FAX 916 277-6593 E-MAIL areqorth@scusd.edu

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NAME OF SCHOOL \_\_\_\_\_

NAME OF REPRESENTATIVE \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

\*\*\*\*\*

NAME OF SCHOOL \_\_\_\_\_

NAME OF REPRESENTATIVE \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

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