

<p style="text-align: center;"><b>APPENDIX M</b></p> <p style="text-align: center;"><b>ALIGNMENT REQUEST FORM</b></p>
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Date: \_\_\_\_\_

School Name: \_\_\_\_\_

Sport: \_\_\_\_\_

**Moving From:**

ECIC Divisional Alignment  
Federated Alignment  
Independent

**Moving To:**

ECIC Divisional Alignment  
Federated Alignment  
Independent

Reason:

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Athletic Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_