



# SOCES KNIGHTS

## Student Athlete Change of Schedule Request Form

I, Coach NAME OF COACH would like to request a change of schedule for

NAME OF STUDENT into period 5/6 (choose one) athletics. I have verified that this

student is eligible to participate in NAME OF SPORT and he/she will be part of the team for

this FALL/WINTER/SPRING AND YEAR season.

\_\_\_\_\_  
Coach's Signature

\_\_\_\_\_  
Date



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