

**Santa Monica High School
Athletic Program Change Form**

Student: _____ ID# _____ Date: _____

Current Sport: _____ New Sport: _____

The student named above indicates that he or she wishes to switch into your athletic program. Please indicate whether you approve of this student enrolling in your program/team and dropping the other sport. BOTH signatures are required.

New Coach: _____ Date: _____

Previous Coach _____ Date: _____

Advisor: _____ Date: _____

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