

Covington Latin School
Class Switch Consent Form

Date _____

Student's Name _____
Please Print

Switch: From _____
Please Print

To _____
Please Print

By signing below each individual gives his/her consent for the above student to switch from and to the classes indicated. All signatures are necessary for switch approval.

Student's Signature _____

Parent's Signature _____

Teacher's Signature _____
(teacher of class ***from*** which student is switching must sign here)

Teacher's Signature _____
(teacher of class ***to*** which student is switching must sign here)

Dean of Studies' Signature _____ Date _____

Deadline for filing form – 11 days after the 1st full day of school