

PAGE Georgia Academic Decathlon

REQUEST FOR STUDENT REPLACEMENT – State Competition

TO: Georgia Academic Decathlon State Director

FROM: _____
Name of Coaches and School District

DATE: _____

_____, from _____
Student Name High School

registered in the _____ category, cannot participate in the
State competition for the following reason:

_____ will substitute in the _____
Student Name Honor/Scholastic/Varsity

category for the State competition on _____.
Date of Competition

All transcripts and related information are enclosed with this request. I request this student be permitted to participate in the state competition.

I understand this request must be in the hands of the State Director twenty-four hours prior to the start of the state competition.

Signature of Principal

Date/Time