

2012 STATE FINALS

PAGE Georgia Academic Decathlon

TEAM REGISTRATION

Verification of 2012 DISTRICT-LEVEL Championship team
Student Transcripts Must Accompany This Form

System _____
School _____ Enrollment # _____
Address _____
City _____ State _____ Zip _____
Email _____ Phone _____ FAX _____
Principal _____
Coach(es) _____

The PAGE Georgia Academic Decathlon does not discriminate on the basis of race, creed, national origin or handicap.

If a student has a condition that requires special assistance, the student's coach must inform the state director in writing by completing the REQUEST FOR SPECIAL ASSISTANCE Form on the following page (20 days prior to the date of competition). Student # _____ (listed below) will need special assistance or accommodations.

	TEAM ROSTER	NAME	GPA
HONOR	1.	_____	_____
	2.	_____	_____
	3.	_____	_____
SCHOLASTIC	4.	_____	_____
	5.	_____	_____
	6.	_____	_____
VARSITY	7.	_____	_____
	8.	_____	_____
	9.	_____	_____
ALTERNATES	10.	_____	_____
	11.	_____	_____
	12.	_____	_____

I have written a pronunciation guide on the reverse side of this form for student(s) # _____ (above).

I hereby certify that the above named students comprise the winning team from _____ (school), that their grade point averages have been verified and meet the PAGE Georgia Academic Decathlon requirements and that each student is eligible for the category in which he/she is entered.

Signature of School Official/Title Date

Return by February 1, 2012

TO: PAGE GAD / 645 Old Summerville Rd NW / Rome GA 30165 / FAX: 866-556-4510
GAD Manual