

Complete this form ONLY if a replacement is necessary. To complete this form, select the top gray box and complete. Then "Tab" to all gray boxes and complete. Secure the appropriate signature. Gray shading will not print.

Texas Academic Decathlon Request for Student Replacement

TO: **Region Coordinator or Academic Decathlon State Meet Director**

FROM:

Name of School District

DATE:

A student, _____,

(Student Name)

from

(High School)

registered in the

(Honors or Scholastic or Varsity)

Division cannot participate in the

(Region or State)

meet for the following reason:

(Student Name)

will be a substitute in the

(Honors / Scholastic / Varsity)

division for the

(Name of Region or State)

meet on

(Date of Meet)

All transcripts and related information are enclosed with this request. I request this student be allowed to participate in this meet.

Note: (The same team of students who participate in the region competition must advance to the state contest. The only exceptions are a death in the immediate family, an extreme emergency or failing grades and it must be verified by the school district superintendent or the Executive Director of the State Decathlon Office.)

I understand this request must be in the hands of the Meet Director 24 hours prior to the start of the contest.

Signature of Superintendent or Designee