



CALIFORNIA ACADEMIC DECATHLON
State Championship - 2017

SPECIAL NEEDS FORM

STUDENT NAME: _____

SCHOOL: _____ DISTRICT: _____

SCHOOL ADDRESS: _____

DISTRICT: _____ COUNTY: _____

SCHOOL PHONE: _____

COACH(ES): _____

NATURE OF STUDENT'S SPECIAL NEED OR DISABILITY:

Students with allergies (e.g., food, skin, etc.) will give his/her normal care to these allergies.

Please attach a copy of IEP and history of how student has been accommodated at previous competitions.

Signature of Coach

Date

Forms must be received by February 24, 2017

CAD
2460 Clay Bank Road, Bldg. 7C
Fairfield, CA 94533
Phone: 707-646-7601 or 707-646-7603
No Faxes or Electronic Copies Please.

Form must be included with Decathlete's Individual Registration Forms.