****

**U.S. Academic Pentathlon**

Special Needs Form

MIDDLE SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Team Placement #**  **e.g. H1, S4, V7** | **Name of Student** | **First Name**  **Pronunciation** | **Last Name**  **Pronunciation** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

PLEASE PROVIDE FOR EVERY STUDENT ON THE PARTICIPATING TEAM

**Form MUST be received by May 1, 2017**

[**pentathlon@usad.org**](mailto:pentathlon@usad.org)