

UNITED STATES ACADEMIC DECATHLON[®]
Nationals - 2021

Special Needs Form

STUDENT NAME: _____

SCHOOL: _____

ADDRESS: _____ STATE: _____

SCHOOL PHONE: _____

SCHOOL FAX: _____

COACH(ES): _____

NATURE OF STUDENT'S 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 March 25, 2021

USAD Nationals Competition
P.O. Box 4351
Mankato, MN 56002