

**PAGE Georgia Academic Decathlon**

**REQUEST FOR STUDENT REPLACEMENT – State Competition**

TO: Georgia Academic Decathlon State Director

FROM: \_\_\_\_\_  
Name of Coaches and School District

DATE: \_\_\_\_\_

\_\_\_\_\_, from \_\_\_\_\_  
Student Name High School

registered in the \_\_\_\_\_ category, cannot participate in the  
State competition for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ will substitute in the \_\_\_\_\_  
Student Name Honor/Scholastic/Varsity

category for the State competition on \_\_\_\_\_.  
Date of Competition

All transcripts, permissions and related information have previously been sent or are enclosed with this request. I request this student be permitted to participate in the state competition.

**I understand this request must be in the hands of the State Director twenty-four hours prior to the start of the state competition.**

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date/Time