

LHSRA | LOUISIANA HIGH SCHOOL RALLY ASSOCIATION

Special Testing Accommodations Form District Rally 2019

Student's Name: _____ Rally Event: _____

Student's Email Address: _____

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

School Phone: _____ School Fax: _____

Please describe the student's disability and the requested accommodation in the space provided below. Additional documentation may be provided as necessary.

I certify that all information contained on this form is true and correct to the best of my knowledge.

Principal: _____ Rally Coordinator: _____

E-mail Address: _____ E-mail Address: _____

Signature: _____ Signature: _____

Please submit *Request for Testing Accommodations Form* to your District Rally Director no later than **Monday, January 28, 2019**. All entries must be emailed or faxed by this deadline.