LHSRA | LOUISIANA HIGH SCHOOL RALLY ASSOCIATION

Special Testing Accommodations Form District Rally 2025

Student's Name:	Rally Event:	
Student's Email Address:		
School Name:		
Address:		
<u>City:</u>	State: Z	lip:
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 **February 26, 2025**. All entries must be emailed by this deadline