

Texas Association of Private and Parochial Schools

REQUEST FOR ACCOMMODATION

Student Name: _____

Grade Level: 9th 10th 11th 12th

TAPPS School (City / Name): _____

ACTIVITY:

Art Academic Speech Instrumental Music Vocal Music

Baseball Basketball Cross Country Fall Soccer
Football Golf Softball Swim/Dive
Tennis Track/ Field Volleyball Winter Soccer

Specific Accommodations Request (Be Specific):

Reason for Accommodation Request (Be Specific):

Please attach any documentation in support of your request.

By signature below, we request the above accommodations for this student. We understand that submission of this form constitutes a request only and that the TAPPS Executive Board or its assigned committees is under no obligation to grant the request.

Head Administrator Signature / Date

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TAPPS OFFICE USE

Approved

Denied

Date