



ACADEMY CREDIT REQUEST FORM

Child's Name: _____

Parent's Name: _____

Telephone Number: Home _____ **Cell/Work** _____

E-mail Address: _____

Academy Program: _____

(Level I, Level II, High School Level III, High School Level IV, High School Level V, Georgia Advanced, Southern Select, Elite & National)

Date(s) Missed: _____

Credits are only issued for the following reasons. Please check the appropriate selection that applies:

- Extended injury/illness- _____
- High School Matches (turn in at end of season with match schedule attached) - _____
- Tournament - _____
- High School Tryouts - _____
- Other (at director's discretion) - _____

* A CREDIT REQUEST FORM must be filled out and turned in within 15 days of the date(s) you are requesting in order for the credit to be reviewed and issued, if applicable.

*Extended injury/illness is defined as 3 consecutive Academy days.

*Credits are not issued on a monthly basis for Academy days cancelled due to inclement weather. These potential credits are issued at the end of the Academy session in May.

*Please make sure that the dates you request are actually on a day your program meets.

Comments:

Signature of Parent

Date

For Office Use Only: initials _____ Date _____

Invoices/Credits Created (if applicable) _____

Database updated _____

Attendance updated _____

Notes _____