

Athletic Concern Form

Student-Athlete Name: \_\_\_\_\_

Sport: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Distribution of Form:

Step 1: Head Coach

Step 2: Athletic Director

Step 3: Building Principal

Step 4: Superintendent

Step 5: Board of Education

A. Date(s) the concern/issue occurred:

B. Statement of the concern/issue:

C. Resolution/Actions that you are requesting:

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Signature of Parent(s)/Guardian(s)

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Date

Step 1

Date of Meeting: \_\_\_\_\_

Disposition of Head Coach:

Coach's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Step 2

Date of Meeting: \_\_\_\_\_

Disposition of Athletic Director:

Athletic Director's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Step 3

Date of Meeting: \_\_\_\_\_

Disposition of Building Principal:

Principal's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Step 4

Date of Meeting: \_\_\_\_\_

Disposition of Superintendent:

Superintendent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Step 5

Date of Meeting: \_\_\_\_\_

Disposition of the Board of Education:

President of the Board of Education: \_\_\_\_\_

Date: \_\_\_\_\_