

GEORGIA HIGH SCHOOL ASSOCIATION
151 South Bethel Street
Thomaston, Georgia 30286
706-647-7473
FAX: 706-647-2638

**REQUEST TO COACH – STUDENT INTERN
GHS BY-Law #2.51 (c) - Practice Teacher**

SCHOOL: _____ submits the following information on a student intern wishing to coach GHS supervised activities during their practice teaching assignment.

NAME OF STUDENT INTERN: _____

College Name: _____

College Address: _____

Supervising Teacher: _____

Supervising Teacher Cell Phone: _____

Supervising Teacher Email Address: _____

Sport(s) Coaching During Practice Teaching Assignment: _____

Attach a copy of the college/university documents assigning intern to your school.

Where appropriate intern **MUST** attend rules clinic in sport(s) coaching during assignment.

Signature – Principal

Date

GHS Approval: _____

Date: _____