

Ithaca City School District Coach Request/Approval Form

Date _____

Ithaca High School Athletic Department
Ithaca City School District
1401 North Cayuga Street
Ithaca, NY 14850

To Whom it May Concern:

As a current staff member of Ithaca City School District, I would like to express my interest in being a Board of Education approved member of the ICSD coaching staff within the Ithaca Athletic Department during the 20____ - 20____ fiscal year.

Thank you for your consideration.

Sincerely,

_____ (print)

_____ (sign)

Please return this to the Athletic Office Attn: Samantha Little by February 28, 2020

I would like to request Board of Education approval for this staff member to be a part of the Athletic Department staff in the Ithaca City School District Athletic Department for the 20____ - 20____ fiscal year as a _____ (please specify sport; Coach).

Date given to Human Resources

Director Athletics and Wellness