



DICKSON COUNTY BOARD OF EDUCATION

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Principal Recommendation for Non-Faculty Coach

I recommend _____

To serve as **Head / Assistant / Volunteer** Coach
(Indicate position: Circle)

In a: **Paid / Non-paid** Position
(Indicate position: Circle)

Of _____ (Sport)

At _____ (School)

For the 20 _____ - 20 _____ school year.

We have discussed TSSAA Expectations and applicable Dickson County School policies, procedures, and expectations.

The candidate has completed the four required with TSSAA our TMSAA. **Yes or No**
(Indicate: Circle)

Principal Signature _____

Date _____

Principals: Complete the recommendation form and send to HR Office. The applicant will be contacted by the HR office to sign their contract (if applicable) and complete background checks. This is to be completed prior to having any contact with students.

**Contact information of Recommended Non-Faculty Coach: _____*

FOR OFFICE USE ONLY:

HR: _____ PAYROLL: _____ PRIN: _____