

# REQUEST FOR ACCELERATION

Student \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

Requested by: \_\_\_\_\_ Title \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Type of Acceleration \_\_\_\_\_ Subject (specify) \_\_\_\_\_  
\_\_\_\_\_ Grade (from-to) \_\_\_\_\_  
\_\_\_\_\_ Early Entrance to Kindergarten  
\_\_\_\_\_ Early High School Graduation

Reason for request (please be specific)

Signature: \_\_\_\_\_

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

**(FOR SCHOOL USE ONLY)**

Request received by: \_\_\_\_\_ Date \_\_\_\_\_

Parent notification made on \_\_\_\_\_ by \_\_\_\_\_

Parent permission was received on \_\_\_\_\_

Acceleration Evaluation Committee to meet \_\_\_\_\_. Committee Members are:

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_