



REQUEST FOR ACADEMIC ACCELERATION

Student Name: _____ Date of Birth: ___/___/___

Current School _____ Current Grade Level: _____

Teacher(s): _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Siblings:

| Sibling Name | Age | Grade | Current School |
|--------------|-----|-------|----------------|
| | | | |
| | | | |
| | | | |

Does the student currently have a sibling in the same grade? Yes___ No___

Does the student currently have a sibling in the next grade level? Yes___ No___

Does the student receive any special services (ESL, OT, PT, Speech, Health etc.) Yes ___ No ___

If yes, please specify:

Please provide a brief description of why you think acceleration is needed at this time:

Name of referring individual: _____

Relationship to child: _____

Parent/Guardian Signature: _____ Date: _____

Submit completed form to the building principal.