

Acceleration Application

Faribault Public Schools

Name of Student: _____

Person Initiating Acceleration: _____ Relationship: _____

Type of Acceleration (Please Check):

_____ Subject (please specify) _____

_____ Grade (from and to) _____

_____ Early Entrance

TO BE COMPLETED BY STUDENT (or parent/guardian for 4th grade and younger)

Student Name: _____

Date of Application: _____ Current Grade: _____

Please attach a letter requesting acceleration with this application. It is preferred that the letter be written by the students for Grade 5 and above. Explain your interest, how this will benefit you, and how you have mastered course essential learning.

TO BE COMPLETED BY PARENT OR GUARDIAN

I have reviewed the Faribault Acceleration Policy and Procedures. I understand the process that will be followed to determine if acceleration is appropriate. I grant permission for the necessary assessments needed to determine if acceleration is appropriate. If acceleration is recommended, I understand that I am responsible for the transportation needs of the student through high school graduation.

Parent/Guardian Signature: _____ Date: _____

Phone: _____ Email: _____

TO BE COMPLETED BY SCHOOL STAFF

Principal Signature: _____ Date: _____

Gifted Teacher Signature: _____ Date: _____

Date of receipt of *complete* application: _____

RECCOMENDATION FROM ACCELERATION COMMITTEE

Acceleration request approved: _____

Attach assessment procedure, results of assessments, and Written Acceleration Plan (WAP)

Acceleration request denied: _____

Attach reason/notes: