

Appleton Area School District
Whole Grade Acceleration - Request for Consideration

To initiate the review process, please complete this form and return it to the building principal. Completion of this form does not mean acceleration will necessarily occur.

Student's Name: _____ Date: _____

Date of Birth: _____ School: _____

Current Grade: _____ Current Teacher: _____

Name of person initiating whole grade acceleration request: _____

Relationship to student: _____

Please state the rationale for this request.