SNOQUALMIE VALLEY
SCHOOL DISTRICT

Grade Acceleration Request Form

This form must be submitted to your child's principal no later than May 1 of the current academic school year.
Submission of this form begins the formal review process but does not guarantee approval of the request.

Student Information

Full Name: _____

Date of Birth: _____ Current Grade: select _____ Current School: select _____

Current Teacher: _____

Parent/Guardian Information

Full Name: _____

Phone Number: _____ Email: _____

Mailing Address: _____

Acceleration Information

Requested Grade Level for Next School Year: select _____

Briefly describe your reason(s) for requesting grade acceleration (attach additional pages if needed).

Have you discussed grade acceleration with your child's teacher or other staff? Yes No

If yes, briefly summarize the discussion.

Parent/Guardian Signature

By signing below, I formally request consideration for grade acceleration for my child. I understand that this request initiates a review process involving school staff, and that the final decision will be based on a review of current and historical school records and an Independent Education Evaluation I must obtain.

Signature: _____ Date: _____

Office Use Only

Principal Name: _____ Date Received: _____