



**Application for Middle School Advanced Academic Program
Out of District or Appeal**

I am requesting a determination of eligibility for enrollment in **Middle School Advanced Academics**. PLEASE PRINT. (If you need help with this form, email advancedacademics@providenceschools.org)

Child's Name: _____
First Middle Last

Date of Birth: _____ Gender: Male ☐ Female ☐

Ethnic Status:
American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐
Hispanic ☐ White ☐ Native Hawaiian or Pacific Islander ☐
Other ☐ (please list _____)

Address: _____

Street _____ City _____ State _____ Zip Code _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Current School: _____ Current Grade: _____

Current School Counselor's Name: _____

Language Spoken in the Home: English ☐ Spanish ☐ Other: ☐ (list _____)

Parent/Guardian: Please print, sign your name, and date. Thank you.

Print Name: _____

Signature: _____ Date: _____

Scan and email documents to: advancedacademics@ppsd.org.

Parent checklist for documentations:

- Final Report Card for the last three school years
- First Full Quarter/Trimester Report Card for the current school year when available
- Teacher's Recommendation
- Application for Advanced Academic Program
- Parent Nomination/Observations
- Student Self-Inventory