

Acceleration Request *(to be completed by parent)*

Deadline for Submission: April 15

Name of Student	
School	
Date of Birth Age (in years and months)	
Acceleration Plan Requested	<input type="checkbox"/> Two years in one <input type="checkbox"/> Three years in two <input type="checkbox"/> One-year grade advancement <input type="checkbox"/> Other _____
Current Grade	
Comments Please be specific and provide as much detail as possible. (attach additional sheets as necessary)	
Physical size and development	
Social maturity (relationship with peers, parents, teachers, etc.)	
Emotional maturity (self-motivation, ability to handle responsibility, stress, change, etc.)	
List your child's strengths	

List your child's weaknesses	
List your child's extra-curricular activities.	
Health issues that may affect academics (e.g., chemotherapy, premature birth, attention-deficit disorder, etc...)	
How much time per day are you and your child willing to commit to the acceleration plan?	
Please give reason(s) for acceleration request.	
Official Request for Acceleration	<p>We hereby request acceleration for our child.</p> <p>_____</p> <p style="text-align: center;">Parent Signature Date</p> <p>I have discussed this application with my parents and request acceleration.</p> <p>_____</p> <p style="text-align: center;">Student Signature Date</p>



Adventist Education

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VOTED BY NCC BOARD OF EDUCATION: March 8, 2007