

Acceleration Plan

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	
Acceleration Plan	Language Arts:
	Math:
	Bible:
	Science:
	Social Studies:

School Certification	<p>After careful evaluation of this student's needs, we will work with this acceleration plan.</p> <p>_____</p> <p style="text-align: center;">Teacher Signature Date</p> <p>_____</p> <p style="text-align: center;">Principal Signature Date</p>
Parent Certification	<p>We have discussed the acceleration program with school personnel and accept the responsibility for this change.</p> <p>_____</p> <p style="text-align: center;">Parent Signature Date</p>
Student Certification	<p>I have discussed acceleration with my parents and teacher(s) and am willing to cooperate with the program and do any additional work that may be required.</p> <p>_____</p> <p style="text-align: center;">Student Signature Date</p>
NCC Certification	<p>In accordance with the Pacific Union Education Code sections C15-112 and C15-116, permission to accelerate the above-mentioned student is:</p> <p><input type="checkbox"/> Granted</p> <p><input type="checkbox"/> Denied</p> <p>_____</p> <p style="text-align: center;">Superintendent Signature Date</p>



Adventist Education

**Northern California Conference
Office of Education
PO Box 619015
Roseville CA 95661
(916)886-5645
(888)616-8363(FAX)**

VOTED BY NCC BOARD OF EDUCATION: March 8, 2007