



Request for Acceleration

Check one: Single Subject Whole Grade
 Early Entrance to Kindergarten (Contact Director of Student Services)

Student Name _____

Date of Birth _____ Grade Level _____ School Year _____

Parent(s) Name _____

Address _____

Phone (home/cell) _____ Work _____

Please list reason for requesting acceleration:

Person initiating request _____

Title _____ Date _____

If necessary, I give permission for Washington Local Schools to conduct standardized assessments.

Parent/Guardian _____ Date _____

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Principal _____ Date _____