

**“REQUEST FOR ACCELERATION” FORM**

Child referred for acceleration \_\_\_\_\_

Child’s current school and grade level \_\_\_\_\_

Parent/Guardian Name  
\_\_\_\_\_

Child’s Address and Phone Number  
\_\_\_\_\_

Referred by (Name and Title)  
\_\_\_\_\_

Please explain why you feel this child should be accelerated:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the type of acceleration you are seeking for this child:  
\_\_\_\_\_ Whole-grade Acceleration What grade level(s)? \_\_\_\_\_  
\_\_\_\_\_ Subject Acceleration What subject(s)? \_\_\_\_\_  
\_\_\_\_\_ Early Entrance to Kindergarten  
\_\_\_\_\_ Early Entrance to First Grade  
\_\_\_\_\_ Other \_\_\_\_\_ Please specify.

**Signature of Referring Party** \_\_\_\_\_

**Date** \_\_\_\_\_

\*A team meeting will be set up within 30 days of the receipt of this form.

**PLEASE RETURN THIS FORM TO:**  
**Cambridge Elementary School Attn: Principal**  
**P.O. Box 160**  
**Jeffersonville, VT 05464**