

Students

Series 500

Policy Title: Acceleration – Request Form
Exhibit A

Code No. 505.2-E1

DISTRICT ACCELERATION REQUEST FORM

Marshalltown Community School District

Requests made after April 15th may not be completed by the end of the current academic year.

Student Name _____ Date of Birth _____ Date _____

Current Grade _____ School _____ Classroom Teacher _____

Parent/Guardian/Legal Custodian _____

Address _____

Phone number _____ Cell Home Work

Email address _____

Nature of Request:

_____ **Whole grade acceleration (grade skipping)**

_____ **Content-based acceleration, list subject(s)** _____

Reason(s) for Request. Please include reference to specific evidence and/or data to support this request. Use back of page if needed.

Person making referral _____ **Position** _____

Signature

Date

Submit completed form to the student's building administrator/principal.

Adopted: June 6, 2011

Reviewed: October 17, 2016

September 17, 2018

Amended: