

CENTRAL CALIFORNIA CONFERENCE
OFFICE OF EDUCATION

APPLICATION FOR STUDENT ACCELERATION

(Deadline for submitting as noted on Conference Calendar)

Name of Student _____ Age _____

School _____ Date of Birth _____ Grade _____

Total Time in Current School _____ Total Years in School _____

1. Physical size: (as compared with others his/her age) _____

2. Social maturity: (as compared with peers) _____

3. Friendships: (in which group are closest friends) _____

4. Evaluation of daily work: _____

5. Results of the most recently administered standardized achievement test, given in Percentiles:

Name of Test _____ Level _____

Date Test Given _____ Total Reading _____

Total Language _____ Total Math _____ Composite _____

