CENTRAL CALIFORNIA CONFERENCE OFFICE OF EDUCATION

APPLICATION FOR STUDENT ACCELERATION

(Deadline for submitting as noted on Conference Calendar)

Name of Student Date of Bi Total Time in Current School 7			Age	
		Date of Birth	Grade	
1.	Physical size: (as compared wit			
2.	Social maturity: (as compared	with peers)		
3.	Friendships: (in which group as	re closest friends)		
4.	Evaluation of daily work:			
		i		
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	

Please include separate proposed plan	to be used in this acceleration.
Date when acceleration is to begin:	
List by title proposed materials and spec classwork.	cific classwork to be covered including the level of the
After carefully evaluating the above fact the plan as outlined.	ors, I recommend this student for acceleration and will follow
Date	Teacher's Signature
Date	Principal's Signature
We have discussed with school personnersponsibility for this decision.	el the program of acceleration for our child and accept the
Date	Parent's Signature
I have discussed acceleration with my pa program and do any additional work tha	arents and teacher and I am willing to cooperate with the at may be required.
Date	Student's Signature
In accordance with the policies containe permission to accelerate this student is h	d in the Pacific Union Conference <u>Education Code,</u> ereby granted.
Date	Associate Superintendent Central California Conference