

Canton Union School District #66

Single Subject/Grade-Level Acceleration Application

Please print clearly.

Student Name: _____ DOB: ____/____/____ M ____ F

Current School: _____ Current grade: _____ District ID _____

Parent/Guardian, Teacher or Administrator Requesting Acceleration: _____

Home or Cell Phone: _____ Email: _____

Date of application or date of Parent/Guardian notification of Acceleration Application: _____

Siblings:

Sibling's Name	Age	Grade	Current School

Does the student receive any special services (ESL, OT, speech, health, etc.)? Y ☐ N ☐

If yes, please specify:

Circle acceleration request type: Single Subject Full Grade

If requesting single subject acceleration, circle subject: Mathematics English Language Arts

Please provide a brief description of why you think single subject acceleration or full grade acceleration is needed at this time: (to be completed by parent/guardian or school personnel) – Use back for additional space.

As the parent/guardian of the above-named student, I understand that I am authorizing Canton Union School District #66 to administer assessments to determine appropriate educational placement for my child.

Parent/Guardian Signature: _____ Date: _____

Building Principal Signature:

Date:

Submit form to the student's building principal.