



Application for Acceleration

Name of Child	Date of Birth	Current Grade	Date of Application
Name of Parent(s)	Email		Telephone

Home Address

Mailing Address

Name of current school	<input type="checkbox"/> Grade-level Acceleration: From: _____ grade to _____ grade <input type="checkbox"/> Single-subject Acceleration: Subject: _____
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Explain why you are seeking acceleration for your child

If your child has attended Eagle County Schools for **less than one year**, please supply the following information:

Previous School Information

Name of School	Dates Attended	Teacher/Principal Name
Address of School	City, State, ZIP	Telephone

Parental Consent

By signing this application below, the parent/guardian provides permission to the district to collect information from your child's current and previous teachers, including interview and rating scale data. In addition, you are also providing your consent to allow the child to be observed, interviewed, and screened for readiness by district staff. If deemed necessary by the district gifted education coordinator and the child study team, you are also providing consent for a school psychologist to administer formal standardized tests of mental ability and achievement. This signature also allows the district to share testing information with members of the school determination team. Applications must be received by May 1st for acceleration for the following school year.

Parent/Guardian Signature

Date

For Office Use Only

Date application received by school	Date of Initial Child Study Meeting	Acceleration was granted on this date
Date application forwarded to ESS	Findings to proceed with testing Y/N	Acceleration was denied on this date