



School District U-46
Gifted Department
Academic Acceleration Request

Student Information

Student Name: Last Name First Name Date of Birth: ID#:

School: Grade: Teacher:

Parent(s) / Guardian(s) Information

Name(s):

Street Address: City: Zip:

E-mail Address: Phone:

Type of Acceleration:

- Whole Grade - From Grade to Grade
Individual Subject Area Subject Area(s):

Please provide specific examples or evidence of why your child needs academic acceleration:

Lined area for providing examples or evidence of why the child needs academic acceleration.

Person(s) initiating referral:

Signature Position or Relationship to Student

Name (please print) Phone Date