



GRADE ACCELERATION

Date: _____

I/We _____, agree/disagree with _____'s
(PARENT/CAREGIVER) full name - please print (NAME OF SCHOOL)

grade placement of my/our child, _____, _____, into Grade_____.
(FULL NAME) DATE OF BIRTH: (M/D/YYYY) (GRADE)

The professional staff at _____ School have shared with me/us the research
(SCHOOL)

regarding grade acceleration. My/Our child, _____, will be accelerated to
(NAME)

Grade _____ for the 20____ school year.
(GRADE) (YEAR)

Signature of Parent/Caregiver

Date

Signature of Parent/Caregiver

Date

Signature of Principal

Date

Signature of Superintendent of Schools

Date

Signature of Director of Education

Date

*A copy of this letter will be uploaded to Clevr and the original filed in the student's cumulative folder.