

# *“Tiffin City Schools*

Our Vision: Great Schools! Great Students! Great Future!

## Educational Options: Application Form

- Subject Area Acceleration, specific subject request \_\_\_\_\_
- Whole-Grade Acceleration, from \_\_\_\_\_ to \_\_\_\_\_
- Early Admission to Kindergarten

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

*Upon receipt of this application, an acceleration committee will be formed, comprised of the gifted supervisor, school counselor, parent, and student. When possible and applicable, the current teacher and receiving teacher, school psychologist, and school principal(s) are included in the committee. In order to make a recommendation, the committee will study assessment results and gather information imperative to success in accelerations as described by the District Acceleration Guidelines.*

## Educational Options: Permission for Assessment

- I give permission for my child, \_\_\_\_\_, to participate in the assessment procedures for the purpose of academic acceleration.
- I do not give permission for assessment.

I understand that by granting permission, my child may receive assessment(s) by designated school personnel and that the information will be used by the Acceleration Evaluation Committee to determine whether or not my child will be recommended for the requested accelerated educational option.

Parent/Guardian Signature(s) \_\_\_\_\_ date \_\_\_\_\_

TO INITIATE ACCELERATION REQUEST, RETURN COMPLETED FORM  
TO PRINCIPAL, GUIDANCE COUNSELOR OR GIFTED SUPERVISOR.