



Miami-Dade County Public Schools ACCELERATION REQUEST FORM

SCHOOL NAME (PRINT)		DATE
STUDENT NAME (PRINT) LAST	FIRST	MI
STUDENT ID		
PARENT'S NAME (PRINT) LAST	FIRST	MI
PHONE NUMBER		
GRADE LEVEL STUDENT IS ENTERING	COURSE NAME AND NUMBER FOR WHICH STUDENT IS REQUESTING WAIVER	COURSE NAME AND NUMBER FOR WHICH STUDENT IS REQUESTING ENROLLMENT
STUDENT'S STATEMENT REGARDING REQUEST FOR WAIVER:		
<div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <hr style="width: 30%;"/> <p>STUDENT'S SIGNATURE</p> </div> <div style="text-align: center;"> <hr style="width: 30%;"/> <p>DATE</p> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <hr style="width: 30%;"/> <p>PARENT'S SIGNATURE</p> </div> <div style="text-align: center;"> <hr style="width: 30%;"/> <p>DATE</p> </div> </div>		

PARENT HAS BEEN CONSULTED REGARDING THIS REQUEST.

APPROPRIATE TEACHERS HAVE BEEN CONSULTED REGARDING THIS REQUEST.

ACCELERATION REQUEST IS:
 APPROVED
 NOT APPROVED
(FORM MUST BE SUBMITTED TO PRINCIPAL FOR FINAL REVIEW)

IF NOT APPROVED, JUSTIFYING STATEMENT: _____

COUNSELOR'S NAME (PRINT)

COUNSELOR'S SIGNATURE

DATE