

**Request Form to Start the Mathematics Course Acceleration Process**

**For Office Use Only:**  
**Received:** \_\_\_\_\_  
**Scheduled:** \_\_\_\_\_  
**Results:** \_\_\_\_\_

Student's First Name: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_

Student's School: \_\_\_\_\_

Student's Grade: \_\_\_\_\_

**Request Contact Information:**

Person Requesting Test: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**State Testing Scores:**

3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup> \_\_\_\_\_ 7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_

Below please provide additional important math background information on this student.

**In order for your child to test, paperwork is due to the school Guidance office by close of business (3:30 pm) the day prior to testing. The last testing session will be offered in September.**