

Date Sent _____

Date Rec'd _____



Madison Local School District

Single Subject / Grade Acceleration Application

Check and complete:

_____ Single Subject Acceleration; Subject _____

_____ Whole Grade Acceleration; Grade _____ to Grade _____

Applicant's Name: _____ Date of birth: ____/____/____

Street Address: _____ Telephone: _____

City: _____ Zip Code: _____

Gender: Female ____ Male ____

With whom does the applicant live? _____ Relationship: _____

Mother's name: _____

Home phone: _____ Work: _____ Cell: _____

Address (if different than above): _____

Father's name: _____

Phone: _____ Work: _____ Cell: _____

Address (if different than above): _____

List the student's siblings:

Name of sibling	Age	Sex	Grade

By signing below, you are giving the Madison Local Schools permission to evaluate your child to determine if he/she is eligible for acceleration.

Signature _____ Date _____

