DUE: April 30

Southeastern California Conference
Office of Education
Application for Acceleration Transitional Kindergarten
In accordance with the Pacific Union Conference
Education Code C15-112 and C15-116

School _____

Student _____

Date of Birth _____/_____/_____ Age_____

1. State reasons why acceleration seems advisable.

2. Provide a brief evaluation of the student's physical, social, emotional and academic performance in TK.

3. As parents or guardians of _____ we request this acceleration because:

4. An assessment will be given to gauge the developmental age of the child to determine if acceleration is beneficial and recommended.

_____ _____
Date Signature of Parent/Guardian

_____ _____
Date Signature of Teacher