

PINELLAS COUNTY SCHOOLS
**ACCEL NOMINATION BY PARENT FOR
WHOLE GRADE PROMOTION OR SUBJECT AREA ACCELERATION**

Please complete and return to the guidance counselor.

Student _____	Birth Date _____	Date of Nomination _____
School _____	Teacher _____	Grade _____
Parent/ Guardian _____		
Contact Phone Number _____	Email _____	

Please check and complete information on all that apply.

____ I am requesting that my child be considered for whole grade promotion.

Reason: _____

____ I am requesting that my child be considered for subject area acceleration in _____ (subject area).

Reason: _____

____ I am requesting that my child be reconsidered for whole grade or subject area acceleration. He/she was previously evaluated and found not eligible.

Reason: _____

____ I am requesting that my child be considered for subject area acceleration in _____ (subject area).

He/she was in accelerated subject area classes in another Florida district or state. Please attach documentation to this form.

Name of School _____ District _____ State _____

Classroom Teacher _____ School Phone _____