

TEXICO CONFERENCE

Department of Education

APPLICATION FOR ACCELERATION

NAME OF STUDENT _____ SCHOOL _____ DATE _____

PRESENT GRADE _____ RECOMMENDED GRADE _____

JUSTIFICATION FOR RECOMMENDATION (CRYPTIC REMARKS):

CHRONOLOGICAL AGE _____

SPIRITUAL EXPERIENCE _____

ACADEMIC ACHIEVEMENT _____

CLASSROOM PERFORMANCE _____

EXTERNAL EXAMINATION(S) TEST _____ SCORE/RANK _____
TEST _____ SCORE/RANK _____

EMOTIONAL STABILITY _____

PHYSICAL CONSTITUTION _____

SOCIAL ADJUSTMENT _____

PROCEDURE:

1. TEACHER, PARENTS CONFER/APPROVE
2. TEACHER, PARENTS PRINCIPAL CONFER/APPROVE
3. TEACHER, PARENTS, CHILD CONFER/APPROVE

SIGNATURES OF APPROVAL:

TEACHER _____ DATE _____

PARENT(S) _____ DATE _____

PRINCIPAL _____ DATE _____

4. PRINCIPAL FORWARDS RECOMMENDATION AND PLAN OF MASTERY OF MATERIAL TO THE CONFERENCE DEPARTMENT OF EDUCATION ON _____.

ACTION OF CONFERENCE DEPARTMENT OF EDUCATION:

CONFERENCE SUPERINTENDENT OF EDUCATION _____ DATE _____

PRINCIPAL NOTIFIED OF ACTION ON _____