

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 \_\_\_\_\_