Prospect Heights School District 23

700 N. SCHOENBECK ROAD, PROSPECT HEIGHTS, ILLINOIS 60070

DISTRICT OFFICE
Phone (847) 870-3850
Fax: (847) 870-3896

EISENHOWER SCHOOL
Phone (847) 870-3875
Fax: (847) 870-3877

BETSY ROSS SCHOOL
Phone (847) 870-3868
Fax: (847) 870-3898

ANNE SULLIVAN SCHOOL
Phone (847) 870-3865
Fax: (847) 870-8113

MACARTHUR MIDDLE SCHOOL
Phone (847) 870-3879
Fax: (847) 870-3881

Request for Grade Acceleration
TO BE COMPLETED BY PARENT/GUARDIAN

Name of Student: _____
Student Date of Birth: _____ Name of Parent/Guardian:_____
Home Address:_____
Phone Number(s):_____Email Address:_____
Current Enrolled Grade: _____Requested Grade: _____

As an attached narrative, please provide specific observations of how your child functions at a significantly higher level than his age-based peers. In your narrative, please address the following:

1. Overall academic performance
2. Ability to apply, analyze and evaluate ideas at an advanced level
3. Ability to work independently and advocate for him or herself
4. Ability to think creatively
5. Ability to persist in the face of difficulty or failure; Motivation
6. Social/Emotional development

Please provide copies of any available assessments administered in the past two years, report cards issued in the past school year, and any other supporting documents you believe to be helpful to us.

If currently enrolled in another school district or private school, please provide the following information which gives consent for us to contact your child's current school and for the school to share information that will assist in determining your child's eligibility for grade acceleration:

School Name:
Principal Name:
Teacher Name:
School Address:

Name of Person(s) Submitting Request: _____

Signature: _____

Date of Submission: _____

Please contact us if you would like this communication translated into your native language.
Por favor, póngase en contacto con nosotros si desea que esta comunicación traducido a su idioma nativo.
Prosimy o kontakt, jeżeli chcą Państwo by wiadomość ta została przetłumaczona na Państwa język ojczysty.

Prospect Heights School District 23

700 N. SCHOENBECK ROAD, PROSPECT HEIGHTS, ILLINOIS 60070

DISTRICT OFFICE
Phone (847) 870-3850
Fax: (847) 870-3896

EISENHOWER SCHOOL
Phone (847) 870-3875
Fax: (847) 870-3877

BETSY ROSS SCHOOL
Phone (847) 870-3868
Fax: (847) 870-3898

ANNE SULLIVAN SCHOOL
Phone (847) 870-3865
Fax: (847) 870-8113

MACARTHUR MIDDLE SCHOOL
Phone (847) 870-3879
Fax: (847) 870-3881

Date:

Dear _____,

The parent of _____, a student currently enrolled in your school, has requested a grade level acceleration upon enrollment in our district.

With the parent's consent, we ask you to kindly provide information that will assist in our decision-making process. Please use this Google Form link to electronically provide your input. Your responses will automatically be submitted to our Accelerated Placement Team.

We appreciate your assistance.

Regards,

Principal Name
School Name

Attachment: Parent Request for Grade Acceleration

Please contact us if you would like this communication translated into your native language.
Por favor, póngase en contacto con nosotros si desea que esta comunicación traducido a su idioma nativo.
Prosimy o kontakt, jeżeli chcą Państwo by wiadomość ta została przetłumaczona na Państwa język ojczysty.