

**Smithville Independent School District
EXAMINATION FOR ACCELERATION
Registration Form**

Student Name _____ **Date** _____

Social Security Number _____ **Age** _____

Mailing Address _____

Home Telephone _____

Parent Work Telephone _____

Please list the grade or subject you are seeking acceleration.

Elementary grades require four tests, each of which you have three hours to complete. Individual subject tests for secondary students take up to three hours to complete. Please list the testing schedule you prefer. The district will attempt to accommodate requests for testing schedules within the three days designated for test administration.

PARENT STATEMENT

I am the parent or guardian for the student named above. I am seeking acceleration of my child's educational program with Smithville I. S. D. and hereby give my permission for the school district to accelerate my child if the results meet the criteria established by the district for acceleration.

Parent Signature

Date