

**Parent/Guardian Letter of Acceptance of Student’s Acceleration Decision**

I/We the parents/guardians of \_\_\_\_\_ matric # \_\_\_\_\_,

Student’s Name

School \_\_\_\_\_, Grade \_\_\_\_\_,

understand the strengths, abilities and skills/competence of our child and agree that she/he is capable of accelerating to the next grade (double promotion). We have reviewed the test scores in all core subject areas and concur that our child’s competence is ready for more advanced work. We also believe that our child is socially and emotionally capable of moving up an extra grade.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Approved: \_\_\_\_\_

Principal

School

Date

\_\_\_\_\_  
Principal Supervisor Date