

**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 they are 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.

Parent/Guardian Signature _____

Date: _____

Printed Name _____

Address _____

Phone _____

Approved: _____
Principal School Date

Principal Supervisor Date