

Parent/Student Response Form

Accelerated Science Program

This form is to be used to indicate your choice regarding the Accelerated Science Program. Please check the appropriate section below and return this form with your child to his/her Science teacher by Friday, February 15, 2019.

_____ I would like to be considered for the Accelerated Science Program at this time. I understand that indicating my interest is just the beginning of the process. I will take the Science Prognosis Exam and all relevant data will be reviewed including academic profile. I will then be notified whether or not I am recommended for the program.

_____ I do not want to be considered for the Accelerated Science Program at this time.

Student Name: _____

Parent Signature: _____ Date: _____