Application for Middle School Advanced Academic Program Out of District or Appeal

2025-2026

I am requesting a determination of eligibility for enrollment in **Middle School Advanced Academics** for the school year 2025-2026. PLEASE PRINT. (If you need help with this form, email advancedacademics@providenceschools.org)

Child's Name				
	First	Mid	dle	Last
Date of Birth:			Gender: Male	Female
	Hispanic _ Other	White _ (please list	Native Asian _ Native Hawaiian or l	_)
Street		City	State	Zip Code
Home Phone:			Work Phone:_	
Cell Phone: _			E-Mail:	
Current School:			Current Grade:	
Current Schoo	ol Counseloi	's Name:		
Language Spo	ken in the I	Iome: English_	Spanish Othe	er: (list)
Parent/Guardi	an: Please 1	orint, sign your i	name, and date. Thank	you.
Print Name: _				
			cademics@ppsd.org.	

Parent checklist for documentations:

- o Final Report Card for the 2021-22, 2022-23, 2023-24 school years
- o First Full Quarter/Trimester Report Card for the 2024 2025 school year when available
- o Teacher's Recommendation
- o Application for Advanced Academic Program
- o Parent Nomination/Observations
- o Student Self-Inventory