



# Academic Acceleration Opt-Out Form

Tacoma Public Schools

*Tacoma Public Schools Policy #2406 ensures advanced programs and course work will be available for all students. When a student has attained established standards for academic achievement and demonstrated acquisition of required knowledge and skills as evidence of preparedness to be successful at the next level, said student will automatically be enrolled in such program/s. This will not preclude the self-selection process.*

Your student has demonstrated mastery of the state standards on one or more of the state assessments. As a result, Tacoma Public Schools recommends that your student enroll in college-level course(s). There is strong evidence that participation in college-level courses while in high school leads to success in college. For information regarding our current offerings, reasons why to take these courses and contact information, please refer to [www.tacomaschools.org/advanced](http://www.tacomaschools.org/advanced).

If you would like to opt-out of this opportunity for your student, please complete the form below. By completing and signing this form the parent(s)/guardian(s) requests that their student be removed from the advanced course(s) in which they were automatically placed and instead enroll their student in an alternative course.

**I understand that my student was automatically placed in an advanced course as a result of their meeting standard on the associated state assessment (TPS Policy 2406).** I am aware that research shows that students who do NOT take advanced courses may not be as competitive for admission to a 4-year university and it may affect their potential success at the collegiate level.

**I request my student be removed from this (these) advanced course(s). I acknowledge that doing so may be limiting my student's preparation for future advanced or collegiate-level course work.**

Student Name \_\_\_\_\_ ID# \_\_\_\_\_

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

Course: \_\_\_\_\_ Reason(s)\*: \_\_\_\_\_

Course: \_\_\_\_\_ Reason(s)\*: \_\_\_\_\_

Course: \_\_\_\_\_ Reason(s)\*: \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature*      *Date*

\_\_\_\_\_  
*Parent/Guardian Signature*      *Date*

\_\_\_\_\_  
*School Administrator*      *Date*

\_\_\_\_\_  
*School Counselor*      *Date*

\*This information will be used to improve our school system and ensure students have an academically appropriate learning environment.