

## Appendix 5 - Application for Acceleration

Please complete ALL sections and email the form to [SCLanguages.School@det.nsw.edu.au](mailto:SCLanguages.School@det.nsw.edu.au)

### Student details

Full name: \_\_\_\_\_

Roll call class:              Year 9                      Year 10                      Year 11                      Year 12

Accelerated subject: \_\_\_\_\_

### Student responsibilities

I agree to:

Manage my individual learning plan in collaboration with my teacher.

Manage my time appropriately so that other courses are not neglected.

Evaluate my progress to ensure the workload is manageable.

Balance my study and co-curricular activities.

Work consistently and regularly.

Meet all deadlines.

Seek support when I need it

### Why do you want to undertake the accelerated course?

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**What is your understanding of the aims of benefits of your Individual Learning Plan?**

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**What is your ATAR target/tertiary study and intentions?**

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**Student declaration**

I agree to undertake all necessary work for the Preliminary and/or HSC course/s.

I agree to make the necessary effort and commitment to excel in the accelerated course.

I understand I am expected to work at the required standard throughout the course.

Student name: \_\_\_\_\_

Student signature: \_\_\_\_\_

Date signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### School declaration

I support the above-named student's application to accelerate their learning.

Principal name: \_\_\_\_\_

Principal signature: \_\_\_\_\_

Date signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Parent/carer declaration

I have read and understood the NESA Guidelines for subject acceleration  
<https://ace.nesa.nsw.edu.au/ace-8043>

I have discussed the proposed pattern of study in Years 11 and 12 with the student.

I give my permission for the student to participate in this subject acceleration course.

Parent/carer name: \_\_\_\_\_

Parent/carer signature: \_\_\_\_\_

Date signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_