



John Wiktorko
Superintendent

Tammy Hebert
Assistant Superintendent

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David Donner
Building Principal

Michelle Mattice
Business Official/Treasurer

Request for STEM Acceleration

Date: _____ Requester: _____

Student's Name: _____ Birthdate: _____

Grade: _____ Teacher: _____

Parent/Guardian: _____

Address: _____

City/Zip Code: _____

Phone numbers: _____

Email: _____

Please indicate whether the student has an IEP or Section 504 Plan: Yes No

Please describe why you believe that this student should be considered for acceleration:

Signature of Requester

Date