

Appendix 5 - Application for Acceleration

Please complete ALL sections and **email the form to SCL.Enrolments@det.nsw.edu.au by Monday 2 November 2026**

Student details

Full name: _____

Only Year 9 students are eligible to apply for acceleration into Year 11

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.

Have you previously participated in any accelerated courses? If so, please describe.

Why do you want to undertake this accelerated course?

What strategies will you use to ensure you keep up with the accelerated course?

How will this accelerated course help you achieve your academic goals?

Additional documentation

Please provide additional documentation to support this application.

Students must include copies of their NAPLAN results and school reports from the previous two years.

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.

Weekday school Principal name: _____

Weekday school Principal signature: _____

Date signed: _____ / _____ / _____

Parent/carers 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/carers name: _____

Parent/carers signature: _____

Date signed: _____ / _____ / _____

Please check the flow chart of procedures for acceleration on the next page.

Flow chart of procedures for acceleration

