

**Permission for Academic Acceleration Evaluation**

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| Child’s Name: | Student ID# |

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| D.O.B.:   /  / | School: | Grade: |

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| Parent(s)/Guardian(s) Name(s): |

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| --- |
| Address: |

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| --- |
| Telephone:    -   - |

Type of Acceleration:

Early Entrance to Kindergarten

Early Grade One Entrance

Whole Grade From Grade    To Grade

Individual Subject Area: Subject Area(s):

Early Graduation from High School

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| --- | --- |
| Referred by: | Position: |

I understand by signing below, that I am granting permission for the Acceleration Evaluation Committee to assess the above mentioned student for possible academic acceleration. All assessments will be done during the school day. I will be informed of the evaluation for academic acceleration results.

Permission is given to conduct the evaluation for acceleration.

Permission is denied.

Comments:

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| Parent/Guardian Signature: | Date   /  / |

**RETURN TO BUILDING PRINCIPAL**