

**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

|  |  |
| --- | --- |
| 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**