

**Referral for Academic Acceleration**

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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

Whole Grade From Grade    To Grade

Individual Subject Area: Subject Area(s):

Early Graduation from High School

Reasons for Academic Acceleration Referral: (Please be very specific. Attach any additional information and available documentation to this form.)

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| Signature of person initiating referral: | Date   /  / |

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| Name | Phone    -   - | Date   /  / |

|  |  |
| --- | --- |
| Signature of person receiving referral: | Date   /  / |

**RETURN TO BUILDING PRINCIPAL**

Copies: Parent, Student Permanent File