

**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   /  /     |

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

**RETURN TO BUILDING PRINCIPAL**

Copies: Parent, Student Permanent File