



## Accelerated Placement Referral Form

All acceleration requests for 1st semester are due April 1st; requests for 2nd semester are due October 15th.

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ School \_\_\_\_\_ ID # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Referral Initiated By \_\_\_\_\_

Specific subject, grade, or course acceleration being requested:

Reason(s) for acceleration request:

Signature of person initiating the referral: \_\_\_\_\_

Name, Position or Relationship to the Student \_\_\_\_\_ Date \_\_\_\_\_

I give permission to school personnel to conduct an evaluation to determine if an accelerated placement is appropriate for my child. I will be informed of the results of this evaluation and will be part of the Acceleration team when a decision regarding this acceleration is made.

Signature of Parent/Guardian

Date

Signature of Principal:

Printed Name

Date