

### ACCELERATION REQUEST FORM

Date Request Delivered to School: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Parent Contact Phone Number(s): \_\_\_\_\_

Student Birth Date: \_\_\_\_\_

Request Type (circle one):

Early Entrance into Kindergarten

Whole Grade Acceleration

Single Subject Acceleration      Subject: \_\_\_\_\_

Student Current Grade: \_\_\_\_\_

Student Current Teacher: \_\_\_\_\_

Student Current Building: \_\_\_\_\_

I request my child be evaluated under the State of Ohio Acceleration Policy. I grant permission for all testing and assessment related to this process.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_