



Acceleration Referral Form

Name of Student: _____

Date of Birth: _____

School: _____

Grade Level: _____

Parent/Guardian: _____

Date of Referral: _____

Student Address: _____

Home Phone: _____

The above named student is being referred for a possible educational alternative for advanced learners in the following area(s):

- Early Entrance (Admitting a student to kindergarten or first grade who has not yet reached the district's age of entrance requirement)

Evidence for Request: _____

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- Whole Grade Acceleration (Assigning a student to a higher grade level for all subject areas on a full-time basis)

Evidence for Request: _____

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- Individual Subject Acceleration (Assigning a student to a higher grade level for a certain subject(s). Please indicate area(s) below for acceleration consideration:

- Reading
- Writing
- Mathematics
- Science
- Social Studies

Evidence for Request: _____

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- Early High School Graduation (Completion of the High School Program & Graduation requirements in less than 4 years)

Evidence for Request: _____

Signature of Person Initiating Referral

Date

Please Return Form to:
MRESC
Attention: Director of Student Achievement
121 S. Opera Street
Bellefontaine, OH 43311