



Request for Acceleration
Submit to: Building Principal

- Check one: Early Entrance to Kindergarten Subject Acceleration
- Whole Grade Acceleration Early Graduation

Student's Name: _____ Date of Birth: _____

School: _____ Grade Level: _____ Teacher: _____

Parent(s) Name(s): _____ Phone (home): _____

Phone (work): _____ E-mail: _____

Address: _____

Reason for request:

| | | |
|--|-------|------|
| Signature of person initiating request | Title | Date |
|--|-------|------|

| | |
|----------------------|------|
| Signature of Student | Date |
|----------------------|------|

If deemed necessary by the team, I give my permission for Ottawa Hills Local Schools to conduct standardized assessments.

| | |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|

| | |
|--|------|
| Student Signature, if over 18 years of age | Date |
|--|------|

| | |
|---------------------|------|
| Principal Signature | Date |
|---------------------|------|

PRINCIPAL: Copy to Director of Instruction, Gifted Coordinator