



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. These evaluations may occur between the beginning of May and through the end of August, but will not be conducted from September through April.

Parent/Guardian Signature Date

Student Signature, if over 18 years of age Date

Principal Signature Date

PRINCIPAL: Copy to Director of Instruction, Gifted Coordinator