

**North Royalton City Schools
Academic Acceleration Referral**

Child's Name:

ID Number:

Date of Birth:

School:

Grade:

Parent(s)/Guardian(s) Name(s):

Address:

Telephone:

Type of Acceleration:

_____ Early Kindergarten Entrance

_____ Early Grade One Entrance

_____ Whole Grade

_____ From Grade _____ To Grade _____

_____ Individual Subject Area

_____ Subject Area(s): _____

_____ Early Graduation from High School

Reasons for Academic Acceleration Referral (Please be very specific. Attach any additional information and available documentation to this form.):

Signature of person(s) initiating referral

Position or Relationship to student

Name (please print)

Phone

Date

Signature of person receiving referral

Date

RETURN TO BUILDING PRINCIPAL