

# Richmond Heights Local School District

447 Richmond Road, Richmond Heights, Ohio 44143 .... 216.692.0086

## Acceleration Referral Form

Child's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### 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 helpful information and/or documentation to this form.):

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\_\_\_\_\_  
(Signature of Person Initiating Referral)

\_\_\_\_\_  
(Position or Relationship to Student)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

**Return To Building Principal or Gifted Department**