



Student name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent name: \_\_\_\_\_

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

\_\_\_\_\_

Referral for early graduation made by (check one):  Staff Member  Parent/Guardian

Name of the person making the referral: \_\_\_\_\_

Student statements:

1. I am requesting early graduation/completion for the following reasons:

2. My plans after graduation are:

Signature affirming permission for student to be evaluated for early graduation/completion:

\_\_\_\_\_  
*Signature of Parent/Guardian* *Date* *Student Signature* *Date*

**Acceleration Evaluation Committee:**

Administrator: \_\_\_\_\_  
*Please print* *Administrator Signature* *Date*

Current Teacher: \_\_\_\_\_  
*Please print* *Teacher Signature* *Date*

Parent/Guardian: \_\_\_\_\_  
*Please print* *Parent/Guardian Signature* *Date*

Counselor: \_\_\_\_\_  
*Please print* *Counselor Signature* *Date*

**1. Date of Evaluation Meeting:** \_\_\_\_\_ (Please attach transcript to this form)  
 Comments:

**2. Principal recommendation:**  Approve  Do not approve  
 Principal's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Superintendent Review:**  Approve  Do not approve  
 Superintendent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**4. Board approval:**  Approve  Do not approve **Date of Board decision:** \_\_\_\_\_