Ottawa Hills Local Schools

Request for Academic 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): _____

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 and Technology, Gifted Coordinator

12/7/2011