

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:

_____	_____	_____	_____
<i>Signature of Parent/Guardian</i>	<i>Date</i>	<i>Student Signature</i>	<i>Date</i>

**Acceleration Evaluation Committee:**

Administrator: _____	_____	_____
<i>Please print</i>	<i>Administrator Signature</i>	<i>Date</i>

Current Teacher: _____	_____	_____
<i>Please print</i>	<i>Teacher Signature</i>	<i>Date</i>

Parent/Guardian: _____	_____	_____
<i>Please print</i>	<i>Parent/Guardian Signature</i>	<i>Date</i>

Counselor: _____	_____	_____
<i>Please print</i>	<i>Counselor Signature</i>	<i>Date</i>

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:** \_\_\_\_\_