



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:** _____