

Southeastern Local School Academic Acceleration Form
(Please Print)

Child: _____ School : _____

Student Date of Birth _____ Grade _____

Parent/Guardian: _____ Phone Number: _____

Referred by _____ Email: _____

Type of Acceleration to be Considered

Subject(s)-specify

Whole Grade: from grade _____ to grade _____

Early Graduation

Explain why you are referring this student for acceleration or early entrance to kindergarten. Include any evidence you may have to indicate that he/she will be successful in an accelerated placement. Please feel free to attach any additional information

Signature of person initiating Referral

Position or relationship to Child

Date

Return the completed form to the Tim Bell, Director of Student Services, Southeastern Local Schools. An Academic Acceleration Committee will be created to consider the recommendation and determine the most appropriate available learning environment for the referred student. A decision will be issued to the parents or legal guardian with forty-five (45) days of the referral.

Questions: Tim Bell, Director of Student Services
(937) 462-8364 x 323
tbell@sels.us

Date Received by district