

EVERGREEN LOCAL SCHOOLS

ACADEMIC ACCELERATION APPLICATION

Please Print

Referral Date _____
MM/DD/YYYY

Student's Name _____

Date of Birth _____
MM/DD/YYYY

Current Grade _____

Parent(s) Name _____

Address _____
Street/Route City/State/Zip

Home PH _____ Cell PH _____

Email Address _____

Referred by _____ Relationship to Student _____

The Evergreen Local Schools' Board of Education believes all students, including advanced learners, should be challenged and supported to reach their full potential. For many advanced learners, this can best be achieved by providing access to curriculum, learning environments, and instructional interventions more commonly provided to older peers. If you think your student may meet the criteria for acceleration, please mark the appropriate acceleration for consideration.

_____ Early Entrance to Kindergarten

_____ Individual Subject Acceleration *Mark academic area(s):*

_____ Reading _____ Math _____ Social Studies _____ Science

_____ Whole-Grade Acceleration

_____ Early High School Graduation

Please return completed form to the building principal.

QUESTIONS? Please contact...
Mrs. Jane Draheim, EES Principal
Mr. Joe Zabowski, EMS Principal
Mr. Daniel Curtis, EHS Principal