



Referral Request Form: Early Entrance Kindergarten or Grade One

Submit All Referral Requests to Building Principal by April 15

Student Name:	Birthdate: Grade Level:
Parent/Guardian: Phone Number: Email: Address:	School Currently Attending (if applicable):
Date of Referral:	Referral Made By:
Type of Acceleration Requested: <input type="checkbox"/> Early Entrance Kindergarten <input type="checkbox"/> Early Entrance Grade One	Application Submitted By: <input type="checkbox"/> Parent(s)/Guardian(s) <input type="checkbox"/> Teacher

Reason for Acceleration Referral (attach additional sheets/documentation as needed)

Estimated Reading Level _____ Estimated Math Level _____

Describe the student's current strengths and needs:

Academics:

Communication:

Behavioral:

Social/Emotional:

Health:

Portfolio Requirements:

- > Early entrance application form
- > Contact information
- > Copy of child's birth certificate
- > Release of student information form
- > Any previous assessment data (if applicable)
- > Proof of residence
- > Letter stating the reasons for considering early entrance for their child
- > Letter of recommendation from a previous teacher, mentor and/or coach
- > Examples of reading, writing, math, problem solving and creativity ability

Parent/Guardian Signature

Date

For Office Use Only

Date referral received: _____

Date of follow up with referral source: _____

Date of parent meeting: _____

Placement decision: _____

Parent/Guardian notified: _____