

# Louisville City Schools

## Application/Referral for Whole Grade or Subject Acceleration

I wish to refer \_\_\_\_\_ for consideration as a candidate for  
(Name of child)

whole grade acceleration to grade \_\_\_\_\_.

subject acceleration in \_\_\_\_\_ to grade \_\_\_\_\_.  
Subject area(s)

Reasons for desired acceleration: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Signature of person initiating referral)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Please print name of person initiating referral)

\_\_\_\_\_  
(Relationship to student of person initiating referral)

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Please provide the following information about the child:

\_\_\_\_\_  
(Birth date)

\_\_\_\_\_  
(Current building)

\_\_\_\_\_  
(Current grade)

*Please return completed form to the building administrator.*

*For office use only*

\_\_\_\_\_  
Date Received

Once completed form is received, the building administrator will contact a parent or guardian to discuss the process and any concerns relating to acceleration.

Communication:  Face to Face  Phone

\_\_\_\_\_  
Name Building Administrator

\_\_\_\_\_  
Name/Signature of Person Contacted

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

Permission for assessment mailed or provided to parent/guardian.

\_\_\_\_\_  
Date

Please return completed form to:  
Monica Shadle, Coordinator of Gifted Services  
407 E. Main Street, Louisville, OH 44641  
330-875-7685