

**Acceleration Request Form – Berne Union**

Date Request Delivered to School: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

\_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Parent Contact Phone Number(s): \_\_\_\_\_

Student Birth Date: \_\_\_\_\_

***Request Type (check):***

\_\_\_\_ **Early Entrance into Kindergarten**

\_\_\_\_ **Whole Grade Acceleration**

\_\_\_\_ **Single Subject Acceleration** Subject: \_\_\_\_\_

\_\_\_\_ **Early Graduation**

Student's Current Grade: \_\_\_\_\_

Student's Current Teacher: \_\_\_\_\_

Student's Current Building: \_\_\_\_\_

I request my child be evaluated under the State of Ohio Acceleration Policy.  
I grant permission for all testing and assessment related to this process.

\_\_\_\_\_  
(Print) Parent Name

\_\_\_\_\_  
Parent Signature

***Submit one copy of this form to the Gifted Coordinator at the Fairfield County ESC and one to the building Principal. If request is for Early Entrance into Kindergarten, one copy should also be submitted to school psychologist. Students will be assessed using the IOWA Acceleration Scale.***