



Newbury Local School District

Referral Form for Possible Whole-Grade or Subject Acceleration

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

School/Building: \_\_\_\_\_ Grade: \_\_\_\_\_

Referral made by (check one):

\_\_\_\_\_ Staff Member

\_\_\_\_\_ Parent/Guardian

\_\_\_\_\_ Student

\_\_\_\_\_ Name of person making referral

Before a student is evaluated for academic acceleration, the principal (or his/her designee) of the school to which the child may be admitted shall obtain written permission from the child's parent/guardian.

Return this form to building principal