St. Francis of Assisi School
Acceleration Referral Form

Name of Student: _____ Date: _____

Date of Birth: _____ Grade: _____ Teacher: _____

Parent(s)/Guardian(s) Names: _____

Type of Acceleration Requesting:

_____ Whole Grade – From Grade _____ to Grade _____

_____ Individual Subject Area(s): _____

Reason for Acceleration Referral: (*Please be very specific. Include information regarding the student in terms of academic achievement, attendance, social maturity and emotional stability. Attach any additional information and available documentation to this form.*)

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Signature of person(s) initiating referral Position or relationship to student

PLEASE RETURN THIS COMPLETED FORM TO THE SFA SCHOOL ADMINISTRATION OR ENRICHMENT PROGRAM TEACHER