

**Switzerland of Ohio Local School District
Acceleration Referral Form**

Referred by: _____
 Teacher
 Parent
 Legal Guardian
 Other (Specify) _____

Student's Name: _____

Date of Birth _____ School: _____ Grade: _____

Parent or Legal Guarding: _____

Address: _____

Phone: _____

This student is being referred for a possible acceleration for the following:

Reason

- Early Graduation _____
- Whole Grade Acceleration _____
- Subject Acceleration _____
(Check as many that apply)
 - Reading _____
 - Mathematics _____
 - Language _____
 - Science _____
 - Social Studies _____

Signature of Person Initiating Referral Phone Date

Please Return to Swiss Hills to the Coordinator of Gifted Services:
Attn: George Wells
46601 State Route 78
Woodsfield, Ohio 43793