Abingdon-Avon CUSD #276

**Acceleration Referral Form**

Child’s name (must match birth certificate) (First) (Middle) (Last)

Birth date Male \_\_\_\_\_ Female \_\_\_\_\_

***(Please attach a copy of the child’s birth certificate to this application)***

Requesting Early Entrance to: Kindergarten \_\_\_\_\_ 1st Grade \_\_\_\_\_

School your child will attend if request is approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s name

Mother’s name

(or) Guardian’s name Relationship to child

Street address

City Zip Code Home phone ( )

Father’s work phone ( ) Mother’s work phone ( )

Please list any previous schools, educational opportunities, and/or group experiences in which your child has participated.

List any sibling(s) enrolled in school

Applicant’s signature Date







Why do you feel early entrance to Kindergarten/1st Grade would be in your child’s best interest?

Feel free to share anything else you believe is important for us to know about your child: