Bucyrus City School District

REFERRAL FORM FOR POSSIBLE WHOLE-GRADE OR SUBJECT ACCELERATION

| Name of Student Kamyon Thompson | |
|--|-------|
| School/Building Bucyrus High School | Grade |
| Referral made by (check one): | |
| ✓ Staff Member | |
| Parent/Guardian | |
| Name of person making referral Paige Pond | |
| Before a student is evaluated for academic acceleration, the school to which the child may be admitted shall obtain parent/guardian. | |
| Return this form to the building principal. | |
| | |
| 4/30/08 | |

I wish to have my child, Kamron Thompson, considered for placement in the 12th grade. Kamron has completed the courses and testing to be promoted to the Class of 2024.

Parent Signature: Cassandra L-MKEe Date: 9-11-23

Cassandra L-MKee