

## **Student Nomination for Gifted and Talented**

If you have or know a student you would like to nominate for the Gifted and Talented program, please complete this form and return it to your child's school counselor.

An information letter explaining the testing process will be sent home prior to testing. Upon completion of the selection process, a letter with the committee's decision will be sent home with your child.

I would like to nominate a student for GT testing.

## **STUDENT INFORMATION: (Please print)**

Student Name:	Child's Birthdate:
Grade: Teacher Name:	Campus:
NOMINATOR:	
Name:	Phone:
Relationship to Child:	
Parent Teacher	Other
Signature:	Date:
Office Use Only:	
Date received: Parent Permiss	ion to Test:
Letter of Qualification or Did Not Qualify:	