

# Van Buren Public Schools

Administration Building; 555 W. Columbia; Belleville, Michigan 48111 734-697-9123

## Gifted and Talented Program

2019 - 2020 Nomination form

Child's Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City ZipCode

Birthdate: \_\_\_\_\_  
month / date / year

• Van Buren Public School Resident: Yes / No

<b>Father's Name</b> _____
<b>Home Phone</b> _____
<b>Cell Phone</b> _____
<b>Address:</b> _____
_____
<b>Email Address:</b> _____
_____
*****
<b>Mother's Name</b> _____
<b>Home Phone</b> _____
<b>Cell Phone</b> _____
<b>Address</b> _____
_____
<b>Email Address:</b> _____
_____

*I wish to nominate my child for the Gifted and Talented Program. In doing so, I am aware that the program is highly selective in nature and has only a limited number of spaces available.*

Parental Initials \_\_\_\_\_

Please circle 2018-2019 grade level:

Pre-K 1 2 3 4 5

Parental Initials \_\_\_\_\_

My child (Pre-school) is able to recognize letters and identify most letter sounds Initials \_\_\_\_\_

My child (K - 1) is able to read independently with understanding. Parental Initials \_\_\_\_\_

### **PERMISSION TO TEST:**

I give my permission to Van Buren Public Schools personnel to test my child to qualify for the Gifted and Talented Program.

Parental/Guardian Signature: \_\_\_\_\_

### **ACKNOWLEDGEMENT OF PROGRAM:**

Admission into the program is on a **PROBATIONARY STATUS**. Students will be re-tested near the end of the second grade year to assess their continued growth and educational achievement levels.

***I acknowledge and agree to the above probationary guidelines.***

Parental/Guardian Signature

Date

Van Buren Public School Use only:

Date Received: \_\_\_\_\_ Testing Date: \_\_\_\_\_ Qualified: Yes No Graduation Yr. : \_\_\_\_\_

Notification to parent: \_\_\_\_\_ Comments: \_\_\_\_\_