

VAN BUREN PUBLIC SCHOOLS

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

*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* _____

Father's Name _____
Home Phone _____
Cell Phone _____
Address: _____

Email Address: _____

Mother's Name _____
Home Phone _____
Cell Phone _____
Address _____

Email Address: _____

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: _____