

**Highly Capable Referral Form**

***\*\*Referral window is open from September to January\*\****

Student Name:       Gender:       Date of Birth:

School:       Teacher:       Grade:

Parents/Guardian:       Primary Language:

Mailing Address:

Home Phone Number:       Other Phone Number:

**Person Referring Student**

Name:       Date:

Relationship to Student:

Contact Information:

Comments about this student’s abilities, performance and reason(s) for this referral:

Are the parents/guardians aware of this referral?

Is the student aware of this referral?

Signature of Person Making the Referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**RETURN REFERRAL FORM TO YOUR CHILD’S BUILDING PRINCIPAL**