

**CUTTER MORNING STAR SCHOOL DISTRICT  
GIFTED AND TALENTED EDUCATIONAL PROGRAM**

**7.07 IDENTIFICATION**

**PARENT/GUARDIAN PERMISSION TO TEST**

**PLEASE COMPLETE AND RETURN FORM(S) TO THE  
GT EDUCATIONAL PROGRAM OFFICE**

\_\_\_\_\_ I wish to nominate my child for the gifted and talented educational program. I am enclosing the Student Placement Nomination form.

\_\_\_\_\_ I give my permission for Cutter Morning Star School to administer intellectual, creative, and academic assessments to my child.

\_\_\_\_\_ If the identification committee determines that my child needs the services of the gifted/talented program, I give permission for my child to participate in Cutter Morning Star Gifted and Talented Educational Programs.

**The office will notify students when to come to the G/T classroom for the testing.**

Child's Name (PRINT) \_\_\_\_\_ (Circle) Male or Female

Race \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Teacher \_\_\_\_\_

Home Address Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_