

BEARDEN PUBLIC SCHOOLS GIFTED AND TALENTED PROGRAM

Bearden Public Schools
100 Oak Avenue
Bearden, AR 71720

INITIAL PLACEMENT CONSENT

Date: _____

I, as parent or guardian of _____,
student's name

_____ authorize

_____ do not authorize
(please check one of the above)

placement of my child in the G/T Program at Bearden Schools. I understand that my child's need for this placement will be reconsidered and reviewed annually or as deemed necessary.

(Signature of parent or guardian)