

TISD Gifted and Talented Program Nomination Form

To give permission for your child to be considered for the TISD Gifted and Talented Program, please complete this form and return it to your child's school. Thank you.

Child's Name

Child's Date of Birth Current Grade Level

School Teacher

Parent's Name

Mailing Address

City, State Zip

Phone Numbers Work

Email

I would like my child, named above, to be considered for the TISD Gifted and Talented Program. I give my permission for my child to be interviewed and tested to complete the process.

Parent's Signature

Date

For Counselor Use Only

Nominated by:

Date Received