

NEW SUMMERFIELD INDEPENDENT SCHOOL DISTRICT
GIFTED AND TALENTED

Student Nomination Form

Student Name

Student Identification Number

Grade Level

I nominate the above student for consideration and possible placement in the program services for Gifted and Talented students in New Summerfield Independent School District. I understand that this nomination does in no way ensure that the student will be placed in the program.

Signature

Date

Please check to indicate your relation with this student.

____ Parent

____ Teacher

____ Community member

____ Fellow student

____ Self

____ Administrator

Kindergarten nominations must be returned by February 6, 2015. Other grade level nominations must be returned by the end of November or April of the school year.