

Grades K-4

Parental Referral for Gifted and Talented Services

Student Information

(Please print or fill in and send electronically)

MCPS Student Number:

(Will be added by the GT Office)

Student's Full Legal Name	
Date of Birth	
Address	
Current School	
Teacher	Grade
Parent/Guardian's Name	
Telephone (home)	
Telephone (business)	
Cell phone	
E-Mail	
Referred for	<input type="checkbox"/> K-4 General Intellectual Aptitude Services (Math & Lang. Arts) (FALL or SPRING) <input type="checkbox"/> SAA (Grade 4 Spring Only) ___ Math; ___ Lang. Arts; ___ Science; ___ Social Studies

I give permission for _____ to be evaluated for the Manassas City Public Schools' Programs for the Gifted and Talented. I understand the evaluation will include the administration of a variety of instruments regarding his/her aptitudes, achievements, and learning behaviors; and that information will be requested from my son/daughter, myself, and his/her teachers. I will provide all information requested in a timely manner. I understand that I have the right to appeal decisions made by the identification/placement committee.

Signature(s)
Date

Please return this signed and dated form to the following administrator:

GT Coordinator

Manassas City Public Schools, PO Box 520, Manassas VA 20108