

**GIFTED AND TALENTED PROGRAM  
CENTER INDEPENDENT SCHOOL DISTRICT**

**Student Nomination Form**

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

I nominate the above named student to be considered for screening and possible placement in the Center ISD Gifted and Talented Program. I understand that this nomination does not ensure that the nominated student will be placed in the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please indicate your relationship to the nominated student: *(Please check one)*

\_\_\_\_ Parent/Guardian

\_\_\_\_ Campus Staff (Administrator, Nurse, Counselor, Teacher, Aide)

\_\_\_\_ Self

\_\_\_\_ Fellow Student

\_\_\_\_ Community Member

Please return this signed form to the student's home campus by October 29, 2021.

For additional information, contact the Director of Federal Programs 598-1501, ext 2707