

**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 campus counselor.

For additional information, contact Inez Hughes, Director of Federal Programs (936) 598-7291.