



School Year 2018-19

PARENT NOMINATION FORM
PROGRAMS FOR THE GIFTED & TALENTED
Champaign Community Schools District Unit 4
Champaign, Illinois

Student Name: Last Name First Name Date:

Address: Street Zip Telephone: Office only

Child's Birth: Month Day Year Gender: Person completing form: Name

School: Current grade: Teacher:

Do you currently have a child attending gifted classes? Child's Name School

Services Currently Receiving (Check all that apply): ESL/Bilingual SPED 504 Plan

I give permission for my child to be tested for the Gifted and Talented Program.

Signature of Parent or Guardian

Completed form deadline December 15, 2017

Return completed form to: Jaime Roundtree
Director of Teaching and Learning
703 South New Street
Champaign, Illinois 61820
Phone: 217-351-3752