PARENT NOMINATION FORM
PROGRAMS FOR THE GIFTED & TALENTED

School Year 2017-18

Champaign Community Schools District Unit 4
Champaign, Illinois

Student Name: _____ Date: _____
Last Name *First Name*

Address: _____ Telephone: _____ [ ]
Street *Zip* Office only

Child's Birth: _____ Gender: _____ Person completing form: _____
Month Day Year *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 **May 19, 2017**

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