

# Spring Hill Independent School District

## Gifted and Talented Program

### *Permission Form for Testing*

- Yes, I do want my child, \_\_\_\_\_, to take the Otis Lennon School Ability Test.
- No, I do not want my child, \_\_\_\_\_, to take the Otis Lennon School Ability Test.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**The following information must be completed:**

\_\_\_\_\_  
Student's last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name

\_\_\_\_\_  
Current mailing address

\_\_\_\_\_  
Longview, Texas

\_\_\_\_\_  
7560\_\_

\_\_\_\_\_  
Home phone number

\_\_\_\_\_  
Cell number

\_\_\_\_\_  
Child's birth date

\_\_\_\_\_  
Current grade

\_\_\_\_\_  
Homeroom/Activity Teacher