

Spring Hill Independent School District

Gifted and Talented Program

Permission Form for Testing

Grades K-8

Yes, I do want my child, _____, to be tested for the Gifted and Talented Program.

No, I do not want my child, _____, to be tested for the Gifted and Talented Program.

Signature of Parent/Guardian

Date

The following information must be completed:

Student's last name

First Name

Middle Name

Current Mailing address

Longview, Tx

756__

Home phone number

Cell number

Child's birthdate

Current grade

Homeroom/Activity Teacher