Sapulpa Public Schools

PARENT PERMISSION FOR GIFTED/TALENTED EVALUATION

Name of Student:					
F	irst	Middle		Last	
Birthdate:	Se	x: Male	Female	Grade:	
Month / Day / Y	ear				
Address:		City:		Zip:	
Parent(s) / Guardian(s) Name:_					
Email:					
Phone: Cell	Home		Work		
School:		Homeroom Teacher			
I understand that my child this test may determine wh at the referring school. I r and I will be notified of the	ether or not my child ealize that the results	d meets the crit	teria of the gif	ted/talented progran	
Parent /	Guardian			Date	
FOR OFFICE USE ONI Date completed form receive		»:	I	nitials:	