

**GIFTED AND TALENTED PROGRAM
CENTER INDEPENDENT SCHOOL DISTRICT**

Student Nomination Form

Student Name: _____

Grade: _____

I nominate the above named student to be considered for screening and possible placement in the Center ISD Gifted and Talented Program. I understand that this nomination does not ensure that the nominated student will be placed in the program.

Signature

Date

Please indicate your relationship to the nominated student: *(Please check one)*

Parent/Guardian

Campus Staff (Administrator, Nurse, Counselor, Teacher, Aide)

Self

Fellow Student

Community Member

Please return this signed form to the student's home campus by October 27, 2023.

For additional information, contact the Director of Federal Programs 1-832-615-4993.