Return to campus with in two weeks of enrollment

Katy ISD Office of Gifted/Talented and Advanced Academic Studies

GT TRANSFER STUDENT PARENT CONSENT TO SCREEN

Student's Last Name:	First Name:	MI:	Sex: M F	Ethnicity:

Language Spoken at Home:	Campus:	School Year:

Parent Name:	Primary #:	Alternate #:	Student's Birth Date:

Street Address:	Email Address:

City:	State: TX	Zip:	Student ID Number:	Current Grade: K 1 2 3 4 5 6 7 8 9 10 11 12

Secondary Students ONLY

Request screening in: English/Language Arts Social Studies Mathematics Science

(Circle all that apply)

A. Previous School and District_____

B. Most recent date/location of GT service if different from above _____

C. Describe 2-3 characteristics of giftedness that are exhibited by your child. _____

_____

_____

_____

D. Provide below any additional information about your child that you would like to share.

_____

_____

PARENT PERMISSION FOR GT SCREENING AND SERVICE

I hereby request consideration for GT service in Katy ISD, and give my consent for GT screening for my child, who was previously identified for his/her school's GT program. I understand that previous GT identification must be documented and verified before screening can proceed. I understand that test scores obtained during the GT screening process become part of my child's permanent record. If my child is identified for GT service, I give permission for my child to participate in any GT classes for which he/she qualifies.

Parent Signature _____ **Date** _____