



# ACADEMICALLY AND ARTISTICALLY GIFTED AND TALENTED STUDENTS

Marion County School District | 719 N. Main Street | Marion, SC 29571 | 843.423.1811

## PARENT NOMINATION FORM

STUDENT INFORMATION			
STUDENT NAME			
GRADE		DATE COMPLETED	
SCHOOL NAME			

I hereby grant permission to the school district staff to conduct testing related to the Gifted and Talented program for (student name) \_\_\_\_\_.

I am aware that this information will be strictly confidential and used only in the best interest of the above-named student.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Name or Legal Guardian \_\_\_\_\_

Father's Name or Legal Guardian \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

A nomination form is not needed for students in Grade 2 because they are automatically screened as part of the South Carolina Testing Program in November. Parents will be notified of the results in the Spring of the year.

**Submit completed forms to your school counselor.**