

NEW BRAUNFELS INDEPENDENT SCHOOL DISTRICT
Nomination for Gifted/Talented Program – January 2008

Last name, First name

Birthdate

Age

Campus

Student's PEIMS #

Gender

Ethnicity

Grade

Student's Address

Home Phone

Father's Name

Father's work phone

Father's e-mail

Mother's Name

Mother's work phone

Mother's e-mail

Homeroom Teacher (if elementary school)

Nominated by: _____

Relation to student _____

Has this student been previously tested for a gifted/talented program?

Yes

No

If Yes, where? _____ When? _____

In your opinion, why do you think this student qualifies for the gifted program? What Special Characteristics does he/she exhibit?

I fully realize that this nomination alone does not mean this student will be accepted into the program. This nomination only indicates that I would like for the above-named student to be considered as a possible candidate.

Date _____

Signature _____