

SCHOOL BOARD
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Student Referral to the Charles City Public Schools Gifted Program

Student's Name: _____
Last First Middle

Date of Birth: _____ Gender _____ Grade _____

Homeroom Teacher: _____ Phone Number(s): _____

Parent/Guardian: _____

Address: _____

Referral for which Gifted Program (check): English _____ Mathematics _____ Both _____

Referral Statement: I am referring the above named student for the CCPS Gifted Program because...

Referral Person: ___ Parent ___ Teacher ___ Other: (Specify) _____

Name of Person Referring (Print)

Signature of Person Referring

Date

PLEASE RETURN THIS REFERRAL TO THE SCHOOL'S PRINCIPAL

For Office Use Only:

DTLA Signature: _____ Date Received: _____ 90-day Window ends: _____