



**ARGYLE INDEPENDENT SCHOOL DISTRICT
GIFTED AND TALENTED EDUCATION
Parent/Community Member Nomination Form**

Elementary _____ Intermediate _____ Middle School _____ High School _____

STUDENT: _____ DATE: _____

SCHOOL: _____ GRADE: _____ ID# _____

Mailing Address _____

Phone Number: _____

Present Teacher: _____ Date of Referral: _____

Please state why you think this student should be considered:

Indicate areas of special interest. You may want to list examples of ideas, projects, creative endeavors, etc.

The parent signature below gives permission for the review process to begin.
Review will begin as soon as all referrals have been returned.
