



GIFTED AND TALENTED PARENT REFERRAL FORM – USE FOR STUDENTS IN GRADES 3-12 ONLY

**Gifted and Talented Program
Horry County Schools
335 Four Mile Road, Conway, SC 29527
Pam Gravitte, Gifted and Talented Coordinator
Phone: (843)488-6740
Email: pgravitte@horrycountyschools.net**

This form is to be completed by any parent or guardian who wishes to refer a student for placement in the gifted and talented program. Please send the completed referral form and any attachments to the Gifted and Talented Office at the address indicated above or email the form to jdirks@horrycountyschools.net by **September 16, 2020**. It will be a parent responsibility to ensure that student is present during the specific test days that each school selects for testing.

I. NOMINATED STUDENT INFORMATION – Please print

Grade Level (2020-21 SY) _____

Student's Last Name

First Name (Legal)

MI

Student's PowerSchool ID#

School Name

____ / ____ / ____
Date of Birth (mm/dd/yy)

Student's Complete Mailing Address, including Zip Code:

Home Phone

Parent Daytime Phone

II. NOMINATED BY:

Parent/Guardian Name: _____ Referral Date: _____

Please assess my child to determine whether he/she meets the South Carolina state criteria for placement in programming for the academically gifted and talented. I understand that assessment does not guarantee placement.

Parent/Guardian Signature: _____

III. NEW STUDENT INFORMATION:

- 1. Is the student new to Horry County Schools?
 - a. If "yes," from what school and district did the student transfer?

- b. Was the student identified as academically gifted and talented in the previous school or district?
_____ Yes _____ No

If "yes," please indicate the following from when the student was GT Identified:

Grade Level: _____ School Year: _____

School Name: _____

School District: _____ State: _____

**Note: If the student recently transferred to Horry County Schools, please attach photocopies of the most recent aptitude and achievement test scores along with the most recent report card.*