



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

Academically Gifted and Talented Program
Horry County School District, 335 Four Mile Road, Conway, SC 29527
Pamela Gravitte, Coordinator of Gifted and Talented Programs
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 13, 2019**.

I. NOMINATED STUDENT INFORMATION – Please print

Current Grade Level _____

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. ADDITIONAL 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 where and when:

2. If testing is required to complete the assessment process, do you grant Horry County Schools the right to administer the appropriate test(s) to the student? _____ Yes _____ No

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