



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

Pam Gravitte
Gifted and Talented Programs
Horry County School District
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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 standardized test scores to the Gifted and Talented Office at the address indicated above or email to Michelle Walker at cwalker001@horrycountyschools.net by **September 16, 2022**. It will be a parent responsibility to ensure that their child is present during the test days that each school selects for testing.

I. NOMINATED STUDENT INFORMATION

Grade Level (2022-23) _____

_____	_____	_____
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, then please attach photocopies of the most recent aptitude and achievement test scores along with the most recent report card.*