



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

**Accountability and Assessment Office
Horry County School District
335 Four Mile Road, Conway, SC 29527**

This form is to be completed by any parent 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 or email to Heather Sheehan at hsheehan@horrycountyschools.net.

I. NOMINATED STUDENT INFORMATION

Grade Level (2024-25) _____

| | | |
|---------------------------|--------------------|--------------------------|
| _____ | _____ | _____ |
| 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 review my child's standardized test scores to determine whether he/she meets the South Carolina state criteria for placement in programming for the academically gifted and talented.

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: _____

IV. 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.