

**Harlan Independent School District**

**GIFTED EDUCATION PROGRAM  
PARENT NOMINATION FORM**

*Please return this form to by mailing to Supervisor of Instruction, Harlan Independent School District, 420 E. Central Street, Harlan, KY 40831 or by hand delivering to Room 11 in the Central Office Building located behind the elementary school.*

Child's name \_\_\_\_\_  
*First Middle Last*

Date of birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent or guardian's name \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

I would like for my child to be considered for admission to the gifted program in the area(s) checked below and hereby give permission for any individual assessments which may be needed to determine whether he/she meets the criteria for admission.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Area(s) for which nominated:

- \_\_\_ General Intellectual Ability
- \_\_\_ Reading
- \_\_\_ Math
- \_\_\_ Science
- \_\_\_ Social Studies
- \_\_\_ Creative and Divergent Thinking
- \_\_\_ Leadership
- \_\_\_ Visual and Performing Arts: \_\_\_\_\_

Reasons why I think my child might be gifted in the above area(s):