

SUMMER
SCHOOL YEAR 2018-19

PARENT NOMINATION FORM
PROGRAMS FOR THE GIFTED & TALENTED
Champaign Community Schools District Unit 4
Champaign, Illinois

Child's Name _____ Date: _____
Last Name First Name

Address: _____ Telephone: _____
Street Zip Office only

Child's Birth: _____ Gender: _____ Person completing form: _____
Month Day Year Name

School: _____ Grade Completed: _____ Teacher: _____

Do you currently have a child enrolled in
gifted classes?

_____ *Child's Name School*

Do you currently have a child enrolled in
kindergarten?

_____ *Child's Name School*

Services Currently Receiving (*Check all that apply*): ESL/Bilingual SPED 504 Plan

I give permission for my child to be tested for the Gifted and Talented Program.

Signature of Parent or Guardian

Completed form deadline **May 25, 2018**

Return completed form to: Jaime Roundtree
Director of Teaching and Learning
703 South New Street
Champaign, Illinois 61820
Phone: 217-351-3752