



**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  
Phone (843) 488-6740 Fax (843) 488-6740

This form is to be completed by any parent or guardian who wishes to refer a student for placement in the academically 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 fax the information to (843) 488-6740 by **September 12<sup>th</sup>**.

**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 (m/d/y)

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.

Signature: \_\_\_\_\_

**III. ADDITIONAL INFORMATION:**

1. Is your child new to Horry County Schools?

a. If "yes," from what school and district did this 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 your child?

\_\_\_\_ 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.*