

Referral Form

Steilacoom Historical School District Highly Capable Student Enrichment Program

Date: _____

Part 1: Student Information

Student's Name: _____
Current Age: _____ Date of Birth: _____ Current Grade: _____
Current School: _____ Current Teacher: _____

Part 2: Person Recommending Student

Parent/Guardian Name: _____
Teacher Name: _____

Part 3: Parent/Guardian Information

Parent(s) Name: _____
Contact Phone #: _____ Email: _____
Address: _____

I give permission for my child to be assessed for the Highly Capable Program and to participate if accepted.

Parent
Signature: _____ Date: _____

Completed Nomination Packet Includes:

- ___ Referral Form with Parent Signature (this form)
- ___ Parent Information Form
- ___ Teacher Information Form (Current teacher may return this under separate cover)
- ___ Copy of Student Report Card for Current Semester