

GATE PROGRAM NOMINATION FORM
Parents, Staff, Community Members
Gifted & Talented Education

STUDENT INFORMATION	
Name: _____ <i>Last First</i>	Birth Date: _____ Age: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Special Talents or Needs:
Ethnic Background: <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____ <input type="checkbox"/> Native American _____	
Languages Spoken at Home:	

SCHOOL INFORMATION	
School:	In Gifted Program Before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where? (<i>school, district, phone</i>)
Current Grade Level:	
Current Classroom Teacher(s):	
Grade Level(s):	

PARENT INFORMATION	
Parents/Guardians:	
Address: _____ <i>Street City State Zip Code</i>	
Contact Phone:	Best Time to Call:
Other Phone:	Email:
<u>Essay Question:</u> How do you expect the student to benefit from the GATE Program?	
Name of Person(s) Nominating:	
Relationship to Student:	
Signature:	

All nominations must be returned to the home school by May 1st.