Gifted and Talented Student Form

Student’s Name ____________________________

Student’s Address ____________________________

Telephone ____________________________ Email ____________________________

High School/Home School Organization ____________________________ Graduation Year __________

The following signatures are required.

Student’s signature ____________________________

Parent/Guardian’s signature ____________________________

Recommendation (A recommendation should be completed by a school counselor/teacher or someone who can attest to your exceptional academic or fine arts talent.)

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________________________________________________________________________

Signature ____________________________ Title ____________________________ Date __________

For Admissions Use Only:

Skills Assessment Scores or SAT/ACT scores:

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Semester: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year: __________