

Return to campus with in two weeks of enrollment

**GT TRANSFER STUDENT PARENT CONSENT TO SCREEN**

Student's Last Name:		First Name:		MI:	Sex: M F	Ethnicity:	
Language Spoken at Home:			Campus:		School Year:		
Parent Name:			Primary #:	Alternate #:		Student's Birth Date:	
Street Address:				Email Address:			
City:	State: TX	Zip:	Student ID Number:		Current Grade: K 1 2 3 4 5 6 7 8 9 10 11 12		
<b>Secondary Students ONLY</b>							
Request screening in:		English/Language Arts	Social Studies	Mathematics	Science		
(Circle all that apply)							

A. Previous School and District \_\_\_\_\_

B. Most recent date/location of GT service if different from above \_\_\_\_\_

C. Describe 2-3 characteristics of giftedness that are exhibited by your child. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Provide below any additional information about your child that you would like to share.

\_\_\_\_\_

\_\_\_\_\_

**PARENT PERMISSION FOR GT SCREENING AND SERVICE**

I hereby request consideration for GT service in Katy ISD, and give my consent for GT screening for my child, who was previously identified for his/her school's GT program. I understand that previous GT identification must be documented and verified before screening can proceed. I understand that test scores obtained during the GT screening process become part of my child's permanent record. If my child is identified for GT service, I give permission for my child to participate in any GT classes for which he/she qualifies.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_