

Grade in Fall 2008: _____

Richland School District
Gifted Education Program
Student Referral
For 2008 - 2009 School Year

The GATE Program is intended for the academically talented and intellectual student. The Program is designed to be rigorous and challenging, covering all phases of the basic curriculum.

Date _____

Name of Student _____ Male/Female Birthdate _____

Neighborhood School _____ Grade _____ Teacher _____

Private School _____

Home Schooled

Private School Address _____

Private School Phone # _____

If Home school or Private school:

Have you ever attended a Richland School District School? Yes / No

Name of Parents/Guardians _____
(Please Print)

Parent Address _____
(Street) (City) (Zip Code)

Parent Home Phone _____ Work # _____ Cell # _____

YES - I want my child tested for the GATE Program.

NO - I do not want my child tested for the GATE Program.

Signature of Parent or Guardian

Please return this form to the building counselor by January 15, 2008