

GPGC APPLICATION - 2010

PART A: (Completed by Parent/Guardian)

Date of Birth _____ Current School Grade _____

Child's Full Name _____
(First) (Middle) (Last)

Child's SS# _____ Home Phone (_____) _____

Father Work (_____) _____ Mother Work (_____) _____

Father Cell # (_____) _____ Mother Cell # (_____) _____

Name of Parent/Guardian _____

Mailing Address _____
(Street) (City) (State) (Zip)

(Parish/County)

RELEASE

I authorize my child's school to release to the Governor's Program for Gifted Children all information required to complete this application. I understand that this information will be kept confidential.

Parent/Guardian Signature Date

PART B: (Completed by School)

School and School System _____

School Address _____
(Street/Route) (City) (State) (Zip)

Teacher's Name & Title _____

Test Information: List below any recent (within the past two years) test results which you may have on file for this child. Give the name of the test, date administered and score (I.Q., grade equivalent, percentile rank).

Name of Test:	Date Administered	Score
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

