SCHERTZ-CIBOLO-UNIVERSAL CITY ISD
**GIFTED EDUCATION PROGRAM**
**NOMINATION FORM**

This form must be returned to your school office. Please provide the information you have. The campus coordinator will gather the other information.

Student: _____ Birth date: _____ Age: ____

Grade: _____ School: _____

Homeroom Teacher (if Elementary): _____

Student PEIMS #(SSN): _____

Student ID #: _____ Date of Referral: _____

Person Making Nomination _____ Relationship:_____

Father's Name: _____ Phone: (Home) _____
(Work) _____

Mother's Name: _____ Phone: (Home) _____
(Work) _____

Why do you think this student should be included in the Gifted/Talented Program? (You may wish to list examples of idea, project, and creative endeavors etc.)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I realize that this nomination alone does not mean that this student will be accepted into the program. Rather, this nomination indicates that this student will be considered as a possible candidate.

_____ _____
Signature Date

Revised12/12/2005