Schertz-Cibolo-Universal Coty Independent School District
Gifted Education Program
NOMINATION FORM

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

Student: _____ Age:_____ Gender M F
Birth Date: _____
Grade: _____ School:_____
Homeroom Teacher (if elementary):_____
Student PEIMS # _____ Date of referral _____
Person making nomination_____Relationship to student_____
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 ideas, projects, creative endeavors, etc.)

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

_____ _____
Signature date

SCUCISD revised 12/2001