

**APPLICATION PACKET FOR 2010-2011
George Elementary Highly Capably Program**

PARENT NOMINATION FORM

PLEASE PRINT CLEARLY and CHECK ALL APPROPRIATE BOXES

Student Last Name:	Student First Name:	Birthdate:	Current grade level:	Gender Male - <input type="checkbox"/> Female - <input type="checkbox"/>
School currently attending: _____ Applicant is a current: <input type="checkbox"/> - Private School Student <input type="checkbox"/> - Home School Student _____				
Languages spoken by student: _____				
Parent(s) / Guardian(s) Names:		Home Phone:		
Mailing Address:		Work Phone:		
		Cell Phone:		
		e-mail Address:		
City:		State: WA	Zip:	

- Check here if your student requires special accommodations for testing. (See below *)
A copy of the IEP or 504 testing accommodation must be attached to the application.

I hereby give my permission for my child to be tested for the HCP Program.

Parent/Guardian Signature _____ Date _____

Definition of terms:

Testing accommodation: The student has documented eligibility for special accommodations during testing, such as: Special Education IEP (individualized education plan) or eligibility based on Section 504 of the American Disabilities Act