

GIFTED AND TALENTED NOMINATIONS-USE ONLY FOR STUDENTS IN GRADES 3-12

Academically Gifted and Talented Program (SAIL)

Charleston County School District St. Andrews Middle School 721 Wappoo Rd, Charleston, SC 29407

Phone: (843) 402-7836 Fax: (843) 402-7835

This form is to be completed by any person who wishes to nominate a student for placement in the SAIL or GT/HONORS Program for Academically Gifted and Talented students. Information will be reviewed to determine if the student is a candidate for testing in the Fall. **Please do not renominate students already eligible for SAIL.** Please send completed nomination form and any attachments to the Gifted and Talented Teacher at your school or the school office by October 1st, 20__. School office – please courier to CCSD GT office. Thanks!

I. NOMINATED STUDENT INFORMATION-Please print Current grade level _____

Student's Last Name, First Name (legal) MI **Check here if student recently enrolled in CCSD* _____

Student ID # School Name Date of Birth (Month-Day-Year)

Student's **Complete** Mailing Address including zip code:

Home Phone
Parent Daytime Phone

Check if appropriate for this student: _____ Receives CCSD ESL Services
_____ Has a 504 Plan (Please attach a copy)
_____ Has a Special Education IEP (Please attach a copy)

**Note: If the student recently transferred to CCSD, please attach photocopies of most recent aptitude and achievement test scores and most recent report card.*

II. FOR STATISTICAL PURPOSES ONLY:

Sex: _____ Male Female _____ Ethnic Background:
_____ Caucasian _____ Asian
Qualifies for: _____ Free Lunch _____ Black _____ Native American
_____ Reduce Lunch _____ Hispanic _____ Other

III. NOMINATED BY:

Last Name, First Name Phone # Nomination Date (required)

Relationship to student: (check one) _____ Teacher _____ Parent/Guardian _____ Self
_____ Friend (Student) _____ Administrator/Guidance

IV. FOR GRADES 7-12 ONLY, PLEASE ATTACH A COPY OF THE MOST RECENT YEARLY (NOT QUARTER OR SEMESTER) REPORT CARD.