



Your Best Choice for Academic Success!

BARSTOW UNIFIED SCHOOL DISTRICT
PARENT PERMISSION STATEMENT

STUDENT: _____ BIRTH DATE: _____

TEACHER: _____ GRADE: _____

Your child has been identified for the Gifted and Talented Education Program. The eligibility requirements specified by the Barstow Unified School District for identification as gifted and talented are: ***(Select at least 2)***

_____ High achievement in the judgments of teachers and other school professionals familiar with the demonstrated ability and achievement of the student.

_____ High achievement scores (top 5% of any recognized achievement test).

_____ Overall academic achievement in Reading and Math.

_____ Separate criteria for identifying Gifted and Talented students from economically disadvantaged or varying cultural backgrounds.

Each case is to be reviewed for appropriate program modifications.

(Signature of Principal)

(Signature of GATE Coordinator)

(Print name)

(Print name)

Please return this form to _____ School office by the last day of school, or mail to the Instructional Support Services at the District Office at 551 South Avenue "H", Barstow, CA 92311.

Name of school student attends: _____ Grade _____

Student's Name: _____ Teacher: _____

My signature gives permission for my child to take part in the Gifted and Talented Education Program.

(Signature of Parent)

(Date)