

ZILLAH SCHOOL DISTRICT NO. 205

HIGHLY CAPABLE PROGRAM – STUDENT REFERRAL FORM

For more information about the Zillah School District Highly Capable Program, please call 509.829.5911

Open Enrollment runs from the first day of school until December 1 each year.

STUDENT REFFERAL FORMS ARE TO BE TURNED INTO THE BUILDING OFFICE WHERE THE STUDENT CURRENTLY ATTENDS SCHOOL

Name of Nominator: Comment:	<input type="checkbox"/>	Teacher
	<input type="checkbox"/>	Other Staff Member
	<input type="checkbox"/>	Parent
	<input type="checkbox"/>	Student
	<input type="checkbox"/>	Community Member
	<input type="checkbox"/>	Other _____

Highly Capable Program Student Is Being Nominated For:

- Regular Classroom with Curriculum Compacting and Peer Cluster Grouping
- Subject Acceleration/Advanced Subject Placement
- Honors Courses
- Career Exploration
- Creative Academic Opportunities

STUDENT INFORMATION

Student Being Nominated: _____ (Last) (First)	<input type="checkbox"/>	Male	<input type="checkbox"/>	
	<input type="checkbox"/>	Female		
Current Grade:	Date of Birth:	African American	Asian	Caucasian
		Hispanic	Native American	
Is student currently in a special program?	<input type="checkbox"/> ESL	<input type="checkbox"/> Gifted	<input type="checkbox"/> Special Ed	<input type="checkbox"/> Other

PARENT INFORMATION

Parent(s) Name: _____

Parent(s) Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parent Comments: _____

I give permission to test my child to determine eligibility and/or placement in the Zillah School District Highly Capable Program.

Parent's Signature _____ Date _____