    Lufkin Independent School District

**Permission for Testing**

 Thank you for making the choice to have your child considered for the Lufkin ISD Gifted & Talented

 program. Please fill out the following information:

 Student’s last name Student’s first name Middle name

 Current mailing address City State Zip code

 Home phone number Work/cell phone number Date of birth

 Current school Homeroom teacher Current grade

I give permission for my child, named above, to participate in the identification process for the Gifted & Talented program, a process that includes testing. I also understand my child may not be considered for the program until the **Parent Inventory** and **Teacher Perception Inventory** are received by the office of Advanced Academics. (Once the identification and selection processes are complete, you will be notified as to your child’s qualification status.)

 Parent/guardian name (please print) Parent/guardian signature

 Parent/guardian email Date

*Note:* Please give the **Teacher Perception Inventory** and cover letterto a teacher who is familiar with

your child’s abilities.

Thank you very much for supplying this information. Return all forms to:

**Lufkin ISD**

**Gifted & Talented Program**

**P.O. Box 1407**

**Lufkin, Texas 75902**

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