

Jacksboro ISD Gifted/Talented Program  
Parent/Community Nomination Form

Name of Nominee \_\_\_\_\_

Date \_\_\_\_\_

Grade level of nominee \_\_\_\_\_

Name of person making nomination \_\_\_\_\_

Your relationship to nominee (Teacher, Parent, Friend, etc.) \_\_\_\_\_

Parent's name, address and phone number \_\_\_\_\_

\_\_\_\_\_

Reason for nomination (Describe briefly why you think the nominee is a candidate for the Gifted/Talented Program.)

*Submit form to campus office*