

Patrick County Public Schools
104 Rucker Street – P.O. Box 346
Stuart, VA 24171

PLACEMENT PERMISSION

Student: _____

School: _____ Grade: _____

_____ Yes, **I give permission** for my child to participate in the gifted program as an identified student.

_____ No, **I do not** give permission for my child to participate in the gifted program or to be identified as a gifted student.

Signature of Parent/Guardian: _____ Date: _____

*Please complete this form and return **within 10 days** to the gifted resource teacher at child's school.*