



# FREEMAN SCHOOL DISTRICT #358

## HIGHLY CAPABLE PROGRAM

### NOMINATION FORM

#### NOMINATION INFORMATION

Child's Name (Last, First):

Current Grade:  Current School:  Teacher:

I would like to nominate this student for Highly Capable testing. I request assessment and consideration for Highly Capable services. Nominations may be submitted by school staff, parents, or community members.

Person Nominating:

SIGNATURE:

#### PERMISSION TO TEST

Child's Name (Last, First):

Student Birthdate:  Male or Female:

Parent/Guardian(s) Name(s):

Parent/Guardian(s) Address:

City:  Zip Code:

Parent/Guardian(s) email:

Phone #1:  Phone #2:  Work Phone:

I give permission for my child to be tested in order to determine eligibility and/or possible placement in the Freeman School District Highly Capable Program. I understand that I will be contacted concerning the results of this testing and that this evaluation may not result in my child's placement in the program.

Parent/Guardian Signature:  Date:

Please note: Only parents or guardians can give permission to test.

For a full explanation of the procedures for identification and entry into the highly capable program please see Freeman School District Procedure No. 2190P on our website at [www.freemansd.org](http://www.freemansd.org)

**Nomination Deadline: Wednesday, September 30, 2021**

This form must be submitted to the Freeman School District with signatures via district mail, the US postal service or scanned via email to the appropriate building principal:

Elementary Principal, Lisa Phelan, [lphelan@freemansd.org](mailto:lphelan@freemansd.org), 509-291-4791  
 Middle School Principal, Jim Straw, [jstraw@freemansd.org](mailto:jstraw@freemansd.org), 509-291-7301  
 High School Principal, Renee Bailey, [rbaily@freemansd.org](mailto:rbaily@freemansd.org), 509-291-3721

Highly Capable Program  
 Freeman School District  
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