



Gifted Referral/Permission to Test

Date_____

To The Parents/Guardians of _____

Your child has been recommended to test for our gifted program. If you are interested in having your child tested please sign and return the permission to test.

There are three testing windows per year. Please select your preferred testing window. The Permission to Test form must be received no later than 1 week prior to the beginning of each testing window.

- September 10th – 18th
- January 7th – January 15th
- May 13th – May 21st

The gifted testing will be administered at your child’s school. Within 30 days of the close of the testing window you will receive, in the mail, your child’s testing report and a letter indicating whether or not your child is eligible for our gifted program. Students may only test once per academic year.

Should you have any questions, please contact your child’s teacher or me at 623-474-6655.

Sincerely,

Reese Ready
Educational Services Specialist

*****PERMISSION FORM*****

Please sign and return this form to the Educational Services Department, 19871 W. Fremont Rd, Buckeye, AZ 85326.

I give permission for my child to be tested to determine eligibility for the gifted program.

Child’s Name (printed)	School	Grade
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Parent Name (printed)	Date
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Parent Signature

T H E L I B E R T Y S C H O O L D I S T R I C T

