



## Self-Nomination

Please fill out and return to the Gifted Lead Teacher at your school.

Referral Date \_\_\_\_\_

_____	_____
Grade	School Year

Name \_\_\_\_\_  
Last First Middle Student ID Number

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

1. Tell us why you feel you should participate in the Houston County Gifted Program.

2. Tell us about your talents or things you are good at doing.

3. Tell us about your interests or things you like to do.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date