



PINE BLUFF SCHOOL DISTRICT GIFTED PROGRAMS

Gifted and Talented Center-Trice Building

Melissa Rice
Coordinator of Gifted Programs

Telephone: 870-543-4300
ext

271

711 W 11th Ave
Pine Bluff, AR 71601

Fax: 870-543-4302
E-Mail:

melissa.rice@pinebluffschoos.org

PARENT CONSENT FOR EVALUATION GIFTED/TALENTED PROGRAM

Your daughter/son has been referred as a possible candidate for the Pine Bluff School District Gifted and Talented Program. We are requesting your consent to proceed with the assessments necessary to complete a student profile of your child. When this form is signed and returned, your child will be scheduled for evaluation during the next testing cycle and the results will be shared with you.

I hereby give my consent for _____
to be evaluated for GT. *(Name of Student)*

Current Grade _____ Birthdate _____

I understand that the assessment information may be filed in my child's cumulative records at the G/T Center

Parental Consent Signature Date

Address

City/State/Zip Code

Home Telephone # Cell Phone #

Email Address

Current School

Current Teacher

Previous Teacher



PINE BLUFF SCHOOL DISTRICT GIFTED PROGRAMS

Gifted and Talented Center-Trice Building

271

Melissa Rice
Coordinator of Gifted Programs

711 W 11th Ave
Pine Bluff, AR 71601

melissa.rice@pinebluffschoos.org

Telephone: 870-543-4300
ext

Fax: 870-543-4302
E-Mail: