



**Parental Permission for Talented and Gifted Placement**

- I *do not* give consent to have my child placed in the Oregon Trail School District's Talented and Gifted Program.
  
- I give consent for my child to be placed in the Oregon Trail School District's Talented and Gifted Program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Student's full name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Please return this form to your child's school office.*

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***School office: Please courier to Rebecca Hawkins at Naas Elementary***