PERMISSION
TO PARTICIPATE IN
GIFTED EDUCATION PROGRAMMING

____________________________
Today’s Date

____________________________
Elementary School

____________________________
Middle School

____________________________
High School

As the parent of ________________________________ (Student’s Name)

I hereby give permission for my identified gifted student to participate in Gifted Education Programming options at the above named school in compliance with: 1) the Exceptional Children’s Educational Act; 2) Rules for Administration of the Exceptional Children’s Education Act, Gifted Student Programs; and 3) Colorado House Bill 1244-07, as signed in May 2007. I realize that if I have questions or concerns that I may contact the building gifted education specialist, the building principal, or the district coordinator for gifted education.

____________________________
(Parent Signature and Date)

____________________________
(Parent Signature and Date)

PLEASE RETURN THIS FORM TO THE GIFTED EDUCATION SPECIALIST AT YOUR CHILD’S SCHOOL