

**ACADEMIC AND CREATIVE EXCELLENCE PROGRAM  
NEW KENT COUNTY SCHOOLS  
NOMINATION FORM**

Please fill in the information requested below and return to the Gifted Coordinator.

**Student's Name:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**Parents' Names:** \_\_\_\_\_

**Parents' Address:** \_\_\_\_\_  
\_\_\_\_\_

**Report Card Grades:**

	<b>Previous Year Final</b>	<b>Current Marking Period</b>
<b>Reading</b>	_____	_____
<b>English</b>	_____	_____
<b>Math</b>	_____	_____
<b>Social Studies</b>	_____	_____
<b>Science</b>	_____	_____

\_\_\_\_\_ Please indicate by checking the space to the left if this student has been identified as gifted in another school division. If so, please attach a copy of the relevant information WITH THIS REFERRAL.

**Please attach the student's work samples that demonstrate / illustrate characteristics of giftedness.** If no samples are available, please attach a short narrative of your observations.

Person referring student: \_\_\_\_\_

Relationship to student: \_\_\_\_\_