

**TYLER INDEPENDENT SCHOOL DISTRICT
OFFICE OF ADVANCED STUDIES**

Coordinator Cindy Woody
730 S. Chilton
Tyler, TX 75701

**Nomination & Application
for the
Gifted Screening Process**

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Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade Level: \_\_\_\_\_ School: \_\_\_\_\_ ID #: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Parent/Guardian (Print):  
\_\_\_\_\_

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

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_

This nomination is being initiated by: (Underline Only One)

Teacher                      Principal                      Counselor                      Instructional Consultant                      Parent  
Student

If other, the relationship to the student is: \_\_\_\_\_

Signature of Nominating Person:  
\_\_\_\_\_

**Completion of this form indicates nomination only and does not denote your child's identification.**