New Hanover County Schools

Academically/Intellectually Gifted (AIG) Program

Nomination Form

Student Name: _____
School: _____ **Grade**: _____ **Homeroom D4 Teacher**: _____

Name of Person Nominating Student: _____

Signature_____
Date _____

Relationship to Student: ⬜ Teacher ⬜ Parent ⬜ Self ⬜ Other _____

Parent Contact Information:

Name: _____**Phone Number**:_____

Email: _____

Area(s) of Nomination: ⬜ Intellectual ⬜ Reading ⬜ Math

Additional Information:

⬜ The student previously participated in a gifted education program.

Please list school, district, state, and grade level of participation:

_____

_____

⬜ The student has not participated in a gifted education program.

⬜ I am not aware if the student previously participated in a gifted education program.

*****Return completed Nomination form to the school Gifted Education Specialist *****

Date Nomination form received by Gifted Education Specialist _____ GES initials _____