



North Thurston Public Schools

Assessment Department, 305 College St NE, Lacey WA 98516
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Participation in Highly Capable Identification Process - Parent/Guardian Application & Consent Form

PART 1 – STUDENT INFORMATION
Student Full Name:
Student Date of Birth (mm/dd/yyyy):
Current Grade: K 1 2 3 4 5 6 7 8 HS
Current School: _____ Current Teacher: _____
Does the student have a documented testing accommodation (ie. IEP, 504 Plan)? If so, please provide details.

PART 2 – PARENT/GUARDIAN INFORMATION
Parent/Guardian #1 Name:
Address:
Home Tel: _____ Work Tel: _____
Email:
Parent/Guardian #2 Name <i>(if applicable):</i>
Address (if different than above):
Home Tel: _____ Work Tel: _____
Email:
<i>I give my permission for this student to participate in the highly capable identification process and to participate in services if qualified. I understand that identified students may be required to participate in additional assessment in order to determine appropriate future service options. I have read the Highly Capable informational material available on the NTPS website (www.nthurston.k12.wa.us Family Resources/Highly Capable Program), District Policy 2190 and Procedure 2190P (www.nthurston.k12.wa.us District/Policy/2000 Series – Instruction), including information on the appeal and exit processes and options available to identified students.</i>
Parent/Guardian #1 Signature*: _____ Date: _____
Parent/Guardian #2 Signature* <i>(if applicable):</i> _____ Date: _____

****This application will NOT be processed without parent/guardian permission signature.***

Your completed application should include:

- Signed Parent/Guardian Application & Consent Form;
- Copy of Student’s most recent semester Report Card *(only for students not attending a school in NTPS district).*

Please return your completed application to the address at the top of this page by the deadline posted on the NTPS District website>Family Resources>Highly Capable Program. Late application packets will not be accepted.