



**GIFTED AND TALENTED PARENT/GUARDIAN REFERRAL FORM  
USE ONLY FOR STUDENTS IN GRADES 3-12**

Academically Gifted and Talented Program  
Horry County School District, 335 Four Mile Road, Conway, SC 29527  
Pamela Gravitte, Coordinator of Gifted and Talented Programs  
Phone: (843)488-6740  
Email: [pgravitte@horrycountyschools.net](mailto:pgravitte@horrycountyschools.net)

This form is to be completed by any parent or guardian who wishes to refer a student for placement in the gifted and talented program. Please send the completed referral form and any attachments to the Gifted and Talented Office at the address indicated above or email the form to [jdirks@horrycountyschools.net](mailto:jdirks@horrycountyschools.net) by **September 16, 2020**.

**\*Please note: It will be a parent responsibility to ensure that student is present during the specific test days that each school selects for testing.**

**I. NOMINATED STUDENT INFORMATION – Please print**

Grade Level (2020-21 SY) \_\_\_\_\_

_____	_____	_____
Student's Last Name	First Name (Legal)	MI
_____	_____	_____ / _____ / _____
Student's PowerSchool ID#	School Name	Date of Birth (mm/dd/yy)

Student's Complete Mailing Address, including Zip Code:

_____	_____
_____	Home Phone
_____	_____
_____	Parent Daytime Phone

**II. NOMINATED BY:**

Parent/Guardian Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Please assess my child to determine whether he/she meets the South Carolina state criteria for placement in programming for the academically gifted and talented. I understand that assessment does not guarantee placement.

Parent/Guardian Signature: \_\_\_\_\_

**III. NEW STUDENT INFORMATION:**

1. Is the student new to Horry County Schools?

a. If "yes," from what school and district did the student transfer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Was the student identified as academically gifted and talented in the previous school or district?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," please indicate the following from when the student was GT Identified:

Grade Level: \_\_\_\_\_ School Year: \_\_\_\_\_

School Name: \_\_\_\_\_

School District: \_\_\_\_\_ State: \_\_\_\_\_

*\*Note: If the student recently transferred to Horry County Schools, then please attach photocopies of the most recent aptitude and achievement test scores along with the most recent report card.*