

Date: _____

TALENTED AND GIFTED PROGRAM (TAG)

REFERRAL FORM FOR TRANSFEREES

Please complete this form if appropriate.

Student Name: _____ Class of _____

Parent(s) Name: _____

Parent(s) email: _____ Cell/home phone _____

Has the student ever been in a gifted program? Yes No

If so, please review the information below. Put a checkmark (✓) in the appropriate box(es) and respond:

- Was the student ever in a Gifted program in another **Fulton County (public) School**? If so, TAG teachers usually can access computer records to place the student into the gifted program here immediately.

Name of school attended: _____ Dates attended: _____

- Was the student ever in a gifted program in a **public Georgia school outside Fulton County**? If so, parents need to provide the TAG Department with a copy of the student's ELIGIBILITY form from the other Georgia school system. With this form, the student can be placed in TAG immediately. If parents do not have the form on file, they need to contact the other school or school system to obtain a copy.

School System: _____ School Name: _____

- Was the student in a Gifted program in **another state**? If parents provide evidence (such as a report card with a course marked Gifted), the TAG Department can automatically put the student on a testing list at Chattahoochee High School without further recommendation.

School Name: _____

City: _____ State: _____

- Is the student coming in with superior work or ability from **another country** or some other unusual circumstance?

Provide Information:

In all cases, TAG needs transcripts and standardized test scores. If they are here now in the student's folder, the counselor will attach copies.

Other comments or explanations: