

**Zapata County Independent School District
GIFTED AND TALENTED EDUCATION**

Parent Permission to Test Form

Date: _____

Student Name: _____ **Grade:** _____

Student ID # _____ **Date of Birth:** _____

School: _____

Classroom Teacher: _____

My child has my permission to participate in the ZCISD GATE Program assessment process for possible placement in the program. I am aware that the assessment process involves the utilization of my child's aptitude test scores, a nonverbal ability test, grade averages, a teacher observation survey, and student work products, if applicable.

Parent /Guardian Signature **Date**

My child does not have my permission to participate in the ZCISD GATE Program assessment process for possible placement in the program.

Parent /Guardian Signature **Date**