

HIGHLY CAPABLE SERVICE PERMISSION TO TEST



HOCKINSON SCHOOL DISTRICT



To be completed by parent or guardian

Student's First Name Middle		Last Name		
Current School	School Year	Current Grade Level	Male	Female
Current Teacher		Date of Birth M/D/Y		

I give consent for my child to be tested by the Highly Capable Services Program in order to determine eligibility and/or possible placement in highly capable services.				
Parent/Guardian Signature _____			Date _____	
Parent/Guardian Name (Please Print)			Today's Date M/D/Y	
Street Address	City		Zip code	
Phone 1: cell home work	Phone 2: cell home work			
Email Address				
Are there any factors which might affect your child's ability to take tests? If yes, please explain.			YES	NO
Does your child need special testing accommodations as specified in a 504 or IEP?			YES	NO
Has your child been tested for highly capable services in the past year?			YES	NO

Hockinson School District does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs.