

Chesterfield Township School District

30 Saddle Way
Chesterfield, NJ 08515



Tel: 609-298-3027
Fax: 609- 920-5259

www.ChesterfieldSchool.com

Gifted & Talented program

Gifted & Talented/Enrichment Program Parent and Teacher Form for Nomination of Students

To the Chesterfield Gifted and Talented Committee,

I would like to nominate my child/student _____
for consideration of eligibility for the G&T/ Enrichment program. I
understand that eligibility requirements set in school policy must still be met
for acceptance into the program. This nomination will serve to assure that
eligibility criteria for this student is reviewed.

Please describe your reasons for this nomination and attach any supporting
documents.

Student's Grade and Teacher _____

Nominating Parent Signature _____

Nominating Teacher Signature _____

Date _____