

Jackson County School District
4700 Colonel Vickery Road – PO Box 5248
Vanceleave, MS 39565-5248
1-228-826-1757

Intellectually Gifted Program: Consent for Placement

To The Parent(s)/Guardian(s) of: _____

From: _____, Gifted Instructor

Date: _____

School :

- | | |
|--|--|
| <input type="checkbox"/> East Central Lower | <input type="checkbox"/> St. Martin Upper |
| <input type="checkbox"/> East Central Upper | <input type="checkbox"/> St. Martin Middle |
| <input type="checkbox"/> East Central Middle | <input type="checkbox"/> Vanceleave Lower |
| <input type="checkbox"/> St. Martin East | <input type="checkbox"/> Vanceleave Upper |
| <input type="checkbox"/> St. Martin North | <input type="checkbox"/> Vanceleave Middle |

Dear Parent(s):

Your child has met all eligibility requirements set forth by the Mississippi Department of Education and the Jackson County School District for admission into the Intellectually Gifted Program (WINGS).

Please check one of the following, sign in the appropriate space provided below, and return the form to the gifted instructor listed above:

I give consent for my child to be placed in the Intellectually Gifted Program.

I DO NOT give consent for my child to be placed in the Intellectually Gifted Program.

My child has previously been placed in the Intellectually Gifted Program and I would like to have my child removed from the program. I understand that my child will continue to maintain his/her eligibility status even though he/she is not participating in the program.

Date

Parent/Guardian Signature

“Winning Instruction for Gifted Students”
WINGS