|  |  |  |  |
| --- | --- | --- | --- |
| **STUDENT’S FULL NAME:**  |  | **DOB:** |  |
| **SCHOOL:** |  | **RACE:** |  |
| **GRADE:** |  | **GRADUATION YEAR:** |  |
| **MAILING ADDRESS:** |  |
| **HOME PHONE:** |  | **CELL PHONE:** |  |
| **MOTHER’S NAME:** |  | **WORK PHONE:** |  |
| **FATHER’S NAME:** |  | **WORK PHONE:** |  |
| **GUARDIAN’S NAME:** |  | **WORK PHONE:** |  |
| **STUDENT RESIDES WITH: (CIRCLE) MOTHER FATHER GRANDPARENT GUARDIAN** |
| **ANY KNOWN ALLERGIES OF WHICH THE GIFTED SERVICES SHOULD BE ADVISED:** |
|  |
|  |
|  |
| **REFERRING SOURCE:** |  |
| **RELATIONSHIP TO STUDENT:** |  |
| **Provide proof of the following:****3 Letters of Recommendation (Parent/Community Member/Teacher)****List of Volunteer Work (5-10 hours)** **Career and Technology Education Certification** **Career and Technology Education Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Major Clarity Micro Credential** **Career and Technology Education Competencies (22)****Return this form to your child’s school counselor or principal once completed. She or he will in turn will get it the CTE Lead Teacher.**  |

**PARENTAL PERMISSION**

|  |  |  |
| --- | --- | --- |
| I give **PERMISSION** for Mecklenburg County Public Schools to proceed with the CTE process of my child to determine if he/she is eligible for gifted services. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |  | I **DO NOT GIVE PERMISSION** for Mecklenburg County Public Schools to proceed with CTE process of my child to determine if he/she is eligible for gifted services. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |