



Baraboo School District

Gifted and Talented Nomination Form

Student Name: _____ School: _____

Birth Date: _____ Age: _____ Grade: _____

Parent(s)/Guardian(s): _____

Mailing Address: _____

Home Phone: _____ Zip Code: _____

Nomination made by: _____

Relationship to student: _____ Date of Nomination: _____

Please share why you feel this student is gifted:

Please submit this completed form to:

Baraboo School District
Director of Curriculum and Instruction
101 Second Avenue
Baraboo, Wisconsin 53913

Reviewed: _____
Director of Curriculum and Instruction

_____ Date