Gifted Education Services
Re-Entry Form

Parent/Guardian(s): Please supply the following information so we may continue to evaluate and plan gifted services and programs. Thank you.

Please Print
Student Name______________________________________________________________

School ____________________ Grade _______ Teacher ________________________

Date ________________

Parent/Guardian(s) Signature______________________________________________

Please explain the main reason your child is returning to the Gifted Education Program at this time.

Please return this form to the Gifted Resource Teacher or to the Supervisor of Gifted Education, 21000 Education Court, Ashburn, VA 20148.