



**Clear Creek Independent School District
Consent to Participate in the Gifted and Talented Program**

Your child has qualified for participation in the Gifted and Talented Program.

Please complete the information:

I, the parent/guardian of _____ give consent for my child to participate in the Gifted and Talented Program in the Clear Creek Independent School District.

- We understand that gifted and talented classes, Pre-AP/GT, and AP/GT classes are rigorous and will require commitment, self-direction, and academic discipline on behalf of our child.
- We also acknowledge that we have read and agree to abide by the CCISD Probation, Furlough, and Exit Procedures as outlined in EHBB(REGULATION). (Attached)

Parent/Guardian Signature

Parent/Guardian Printed Name Date

School

Grade Level Teacher

Telephone Number

Email Address

Return to Advanced Academics Specialist/Counselor on your child's campus:

_____.