



Highly Capable Program

PUYALLUP SCHOOL DISTRICT

Highly Capable Permission for Testing

I give consent for my child _____ to be tested by the Highly Capable Learner's Program in order to determine eligibility and/or possible placement in the highly capable program.

Child's Name _____

Current School _____

Current Grade _____

Parent Printed Name _____

Parent/Guardian Signature _____

E-mail address _____

Date _____

Please print and submit to the Puyallup School District at 302 2nd St SE Puyallup, WA 98372 or print and scan to highlycapable@puyallup.k12.wa.us

We will not be able to consider your student until the permission slip has been received.