

Grade Level Verification Form

Deadline: November 2, 2009

PLEASE PRINT THIS FORM

*Parents: This form must be completed to secure your child's registration for the Saint Paul Public Schools NNAT2 gifted services testing in December 2009. Please fill out the Student Information section of this form and have your child's current school complete the School and Principal Information Section. **The school should fax the form directly** to the Saint Paul Public Schools Gifted Services Office at 65-744-1399.*

Student Information:

Last Name _____ First Name: _____

Date of Birth (month/day/year): _____ Grade: _____

Current School and Principal Information:

The current school of the child should complete the School and Principal Information Section on this form to verify the student's current grade and fax the form to the Saint Paul Public Schools Gifted Services Office.

School: _____

School Telephone: (_____) _____ Principal's Name: _____

Principal's Signature: (required) _____

Please return this form by FAX to:

Attn: Ashley Cannaday
Center for Professional Development, Gifted Services
Saint Paul Public Schools
345 Plato Blvd.
St. Paul, MN 55107
Fax: 651-744-1399

Form must be received by Monday, November 2, 2009