

Priority Charter Schools
20-21 GATE Referral Form
Please PRINT information

I, _____, (printed name of the person making the referral) would like to refer _____ (student's name printed name) for the GATE screening and assessment process. I believe this child has an extraordinarily high level of intellectual or academic ability and that his/her educational needs can best be met by GATE Services. I understand the Priority Charter Schools will make every effort to determine the best possible educational services based on the student's educational needs. **This child is currently in grade _____.** **This child's current teacher is _____** (printed name of teacher). **Child's campus is _____.**

Signature of person making referral

Phone # of person making referral

Email of person making referral

Date

Place a "X" the Appropriate Referral Type
____ Parent/Guardian Referral
____ Teacher Referral

REFERRAL DEADLINE
FRIDAY, January 29, 2021 4 PM

RETURN TO:

Nancy Tolleson – Cedar Park
ntolleson@prioritycharterschools.org

Regina Castillo – Cove
rcastillo@prioritycharterschools.org

Corinna Capraun – Georgetown
ccapraun@prioritycharterschools.org

Heidi King – Temple
hking@prioritycharterschools.org

School Use Only:	
Date /Time Received: _____	Campus: _____
Received by: _____	Title: _____