

*Testing Consent*

**Gifted and Talented  
Education Program**

Trumann Public Schools  
Trumann, AR 72472

**Consent for Identification Assessments**

I, as parent or guardian of \_\_\_\_\_

\_\_\_\_\_ authorize

\_\_\_\_\_ do not authorize

assessments to be conducted on my child, for identification purposes for the Gifted and Talented Education Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please return this form to the office, or your child's homeroom teacher or mail in an envelope addressed to:

Trumann Elementary School, GT Program  
401 N. Willow  
Trumann, AR 72472

Parental consent must be granted and received; otherwise student cannot be assessed.