



**Woodridge 68 Gifted Services:
Early Entrance to Kindergarten / First Grade Nomination Form**

Date: _____

Student's Name: _____ Birthdate: _____

Grade for consideration: _____ School: _____

Parent / Guardian(s): _____

Address: _____

City: _____ Zip code: _____

Parent email for nomination confirmation purposes: _____

Phone numbers: H: _____ C: _____

Name of nominating party: _____

Relationship to Student: _____

Has the student been nominated or evaluated for gifted services in Woodridge before?
 Yes No If yes, indicate school year: _____

Please describe the reasons for this nomination. Attach additional documentation as needed.

Signature of Nominating Party: _____ Date: _____

Please mail (email) this form to:

Leslie Loboda, Gifted Coordinator
 Jefferson Junior High
 7200 Janes Ave.
 Woodridge, IL 60517
lobodal@woodridge68.org

Office Use Only:

Date received: _____