**Mount Vernon School District Highly Capable Program Testing Permission Form**

Please provide the following information:

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| Student Name: | School Attending in 2014-2015: |
| Grade Level: | Gender: |
| Languages Spoken at Home other than English: | Ethnicity (Optional): |
| Home Address: | Phone Number(s) |
| Email: | Parent/Guardian Names: |

The Mount Vernon School District has permission to administer tests to my son or daughter to assess for inclusion in the Highly Capable Program for the 2014-2015 school year.

I give permission my child’s cumulative records to be reviewed and for my child to participate in the required testing for the highly capable program.

I understand that testing results will remain confidential and that test scores will be used only for the highly capable identification process.

The outcome of the nomination for inclusion in the highly capable program will be sent to me when the process is completed.

I understand that if my child is unable to take the test due to illness or other reasons, I must contact the program office, in order to reschedule testing within the testing window.

I understand that I may appeal the results of the test by sending a letter to the program office within two weeks of receiving the results stating why the test results may be invalid.

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| Parent/Guardian Signature(s): |
| Date: |