

PARENT CONFERENCE
Warren County Schools AIG Services

I _____ parent of _____

met with the Early Entrance Committee on _____.

On behalf of my son/daughter: _____,

I have decided to: _____ Place him/her in Kindergarten
(Initial Here)

_____ School Year

(OR) _____ NOT to place him/her in Kindergarten
(Initial Here)

_____ School Year

I UNDERSTAND that placement of my son/daughter in Kindergarten does not indicate that the child is highly gifted and/or belongs in specific gifted activities. I also understand that early in the 3rd grade my son/daughter will be in the screening pool for Academically Gifted consideration in the 4th grade. Until that time he/she will be “nurtured” in a way that is intended to meet or exceed his/her academic needs.

SIGNED: _____ DATED: _____
(Parent or Legal Guardian)

COMMITTEE SIGNATURES:

AIG Coordinator: _____

AIG Teacher: _____

Principal: _____