

Southampton County Schools  
*Gifted Education*  
P. O. Box 96  
Courtland, Virginia 23837  
757/653-2692 FAX 757/653-9422

**REFERRAL FORM**

I would like to refer \_\_\_\_\_, a student at \_\_\_\_\_ School in grade \_\_\_\_\_, to be considered for the academic gifted program (general intellectual aptitude program) in the Southampton County Public Schools.

I have based my referral on the following (please describe in a narrative form):

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Relationship to pupil: ☐ Teacher ☐ Parent ☐ Student ☐ Other: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Post Office Box

\_\_\_\_\_  
City

State

Zip

Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnicity: \_\_\_\_\_