



Biloxi Public Schools

Special Services

P.O. Box 168, Biloxi, MS 39533 • (228) 435-4600

Steve Huckaby, Director

PERMISSION TO PLACE GIFTED EDUCATION

I give permission for my child, _____, to participate in the gifted education (CREATE) program.

Signature

Date

-OR-

I do not give permission for my child, _____, to participate in the gifted education (CREATE) program.

Signature

Date

GE-1