

BAYPORT-BLUE POINT UNION FREE SCHOOL DISTRICT
BAYPORT, NEW YORK



I hereby give my permission for my child _____
to participate in the Bayport-Blue Point ***Gifted and Talented Program*** during the
2021-2022 school year.

(Signature of parent/guardian)

(Date)

PARENT INFORMATION ONLY - WE NEED YOUR HELP

2022-2023 School Year

Parent(s)/Guardian(s) Name: _____

Telephone #: _____

Please list (*where applicable*):

a. Special Talents and Interests _____

b. Hobbies _____

c. Foreign Language _____

d. Occupation _____

COMMENTS:

Kindly return this form to your child's Gifted and Talented teacher!