

2018 – 2019  
**Academies of Hampton**

**Application for Gifted Enrichment Seminar**

*This application is intended for rising ninth graders, Cohort 2022, interested in applying for the Academies of Hampton Gifted Enrichment Seminar Program*



**Student Instructions:** Before completing and submitting this application, please review the HCS Programs of Study for Information about the Gifted Enrichment Seminar. *Students eligible for gifted education academic services may apply to this accelerated college preparatory program.* The completed application must be signed by the parent or guardian and submitted to the student's middle school counselor no later than **March 2, 2018.**

**Academy Applicant Information**

\_\_\_\_\_  
 (Last Name)                      \_\_\_\_\_  
 (First Name)                      \_\_\_\_\_  
 (Middle Name)

\_\_\_\_\_  
 (Date of Birth)                      \_\_\_\_\_  
 (Age)                      \_\_\_\_\_  
 (Zoned High School)

\_\_\_\_\_  
 (Student ID)                      \_\_\_\_\_  
 (Current Grade)                      \_\_\_\_\_  
 (Current Middle School)

\_\_\_\_\_  
 Student Address (Street Name and Number)    \_\_\_\_\_  
 (Apt. #)    (City)                      \_\_\_\_\_  
 (Zip)

**Parent/Guardian Information**

\_\_\_\_\_  
 (Parent/Guardian Name)                      \_\_\_\_\_  
 (Phone Number)                      \_\_\_\_\_  
 (Email Address)

**Gifted Enrichment Seminar Application Requirements**

School Counselor, please initial to indicate each required document has been included and this application is ready to be reviewed by the Academies of Hampton Review Committee

*I hereby grant permission for my son/daughter to enroll in the Gifted Enrichment Seminar. I will support their participation.*

Initials	Included Material
	Application signed by parent or guardian
	Verification of student's eligibility for gifted education academic services.

\_\_\_\_\_  
 Parent/Guardian's Printed Name

\_\_\_\_\_  
 Parent/Guardian's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 (School Counselor Name)

\_\_\_\_\_  
 (School Counselor Signature)

\_\_\_\_\_  
 (Date)