

WARREN COUNTY SCHOOL DISTRICT

GIFTED AND TALENTED STUDY GROUP APPLICATION

Background Information

Name: _____

Current Address: _____

Telephone #s (H): _____ (W): _____ (Cell): _____

Fax#: _____ E-mail: _____

Note: The Board wishes to ensure the committee encompasses diverse viewpoints reflective of the entire community.

Are you a product of public education? Yes ☐ No ☐

Are you currently employed? Yes ☐ No ☐

If yes, what is your primary occupation? _____

Do you have children currently attending school in the district? Yes ☐ No ☐

If yes, list schools your children attend: _____

Do you have family members employed by Warren County School District: Yes ☐ No ☐

If yes, in what capacity? _____

List your School/Community Activities: _____

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Position Specific

Would you be available to meet during the workday? Yes ☐ No ☐

If yes, what day(s) is/are preferable? _____

Would you be available to meet evenings? Yes ☐ No ☐

If yes, what evening(s) is/are preferable? _____

Please give approximate times you will be available to meet? _____

Please provide a brief description of your interest in this Study Group: _____

What is your understanding of the District's Gifted and Talented Program? _____

Signature: _____

Date: _____

Submit completed application to:

Mrs. Kathy Knupp, Secretary
Warren County School District
185 Hospital Drive
N. Warren, PA 16365
(Phone: 814 723-6900)