



BRIDGEWATER ACADEMY
191 River Landing Boulevard Myrtle Beach, SC 29579
Tel. (843) 236-3689 Fax (843) 236-4921

GIFTED AND TALENTED PARENT REFERRAL FORM

USE ONLY FOR STUDENTS IN GRADES 3-8

This form is to be completed by any parent who wishes to refer a student for placement in the gifted and talented program. Please bring or send the completed referral form and any standardized test scores to Bridgewater Academy or email to Mr. Rupnik at rupnik@bridgewateracademy.org

I. NOMINATED STUDENT INFORMATION

Grade Level (2024-2025) _____

Student's Last Name _____ First Name (Legal) _____ MI _____
 Student's PowerSchool ID # _____ School Name _____ Date of Birth (mm/dd/yy) _____

Student's Complete Mailing Address, including Zip Code:

 Home Phone _____
 Parent Daytime Phone _____

II. NOMINATED BY:

Parent/Guardian Name: _____ Referral Date: _____

Please review my child's standardized test scores to determine whether he/she meets the South Carolina state criteria for placement in programming for the academically gifted and talented.

Parent/Guardian Signature: _____

III. NEW STUDENT INFORMATION:

1. Is the student new to Bridgewater Academy Charter School?
- a. If "yes," from what school and district did the student transfer?

- b. Was the student identified as academically gifted and talented in the previous school or district? _____ Yes _____ No

If "yes," please indicate the following from when the student was GT Identified:

Grade Level: _____ School Year: _____ School Name: _____

School District: _____ State: _____

IV. Note: If the student recently transferred to Bridgewater Academy, then please attach photocopies of the most recent aptitude and achievement test scores along with the most recent report card.