



**ONALASKA INDEPENDENT SCHOOL DISTRICT**  
**GIFTED/TALENTED PROGRAM**  
**NOMINATION FORM**

Student's Name: \_\_\_\_\_  
Last First

Grade \_\_\_\_ Teacher \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Thank you for your help with this portion of the nomination process for the Onalaska ISD Gifted and Talented program. Please return this form to your child's campus counselor.