



Youth Programs Gifted and Talented (GT) Program

For courses listed as GT Gifted and Talented

Student Name: _____

Student Address: _____

Course Name: _____

Course Number: _____ **CRN Number:** _____

Date of Course: _____

The above named student has been identified as a gifted and talented/honors or highly able/motivated under the guidelines used by the Montgomery County Public Schools, and I recommend her/him for enrollment in the course(s) listed above.

School Principal Signature (or designee)

Date

Please return this form to the Youth Program by mail, email, or Fax.

Your child's class registration is not considered complete until we have this signed form on file.

You may submit this for by fax, e-mail, or mail.

By Fax: 240-567-7548

By E-mail: sharon.wolfgang@montgomerycollege.edu and/or karla.espinoza@montgomerycollege.edu

By Mail: Montgomery College

WD&CE Youth Programs

51 Mannakee Street, CC230

Rockville, Maryland 20850

Questions: Contact Sharon Wolfgang, Senior Program Assistant, 240-567-7264 or 240-567-7917