

Camp Inquire 2017

Use this information to register online at www.CampInquire.com

Registration Form

To be completed by school authorized personnel*

Applicant Information

Student Name:

First

Last

Date:

Teacher Name:

Print

Signature

Date:

School:

School Name

School Address

City

State

ZIP Code

Has the student been identified as Gifted & Talented?

YES

NO

Is the student presently enrolled in the school gifted program?

YES

NO

Is the student considered to have "exceptional ability" by trained professionals (teacher recommendation)?

YES

NO



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*The following are considered to be personnel authorized to complete this form: general education teacher, gifted intervention specialist, and/or school administrator.