



PREPARING STUDENTS  
**FOR LIFE**

## **CINCINNATI PUBLIC SCHOOLS**

**PARENT/GUARDIAN PERMISSION FORM**

**FOR**

**GIFTED ARTS ASSESSMENT/SCREENING**

**I give my permission for my child to participate in CPS screening/assessment for possible identification of giftedness in the arts.**

**Student Name** \_\_\_\_\_

**School** \_\_\_\_\_

**Parent/Guardian Name (Print)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_