

L.I.N.K. Referral Request

I would like to refer _____

for the Intellectually Gifted L.I.N.K. program in the Union County School District.

The child (2nd through 6th grade) currently attends school at

_____.

Referred By: _____

Date: _____

Contact Information:

Name of Current Teacher: _____

Name of Parent/Guardian: _____

Telephone number we may contact you at: _____

If you have any questions, please contact:

Ms. Mindi Stout
Gifted Education Coordinator
(662) 534-1960
Email: mstout@union.k12.ms.us