

GATE TESTING / PROGRAM APPLICATION

Parents who wish to have their child tested for and enrolled in the districts's Gifted and Talented (GATE) Program must complete this application. This application must be filled out for students who have not yet been tested, and for students who have been previously identified but who have dropped from or are not yet enrolled in the GATE program.

Return form to your school office.

Student's Name: _____ Birthdate: _____ Male _____ Female _____

School of Attendance: _____ Current Grade: _____

Parent/Guardian Names: _____

Address: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Ethnicity: American Indian _____ African American _____ Asian _____ Pacific Islander _____
Filipino _____ Caucasian _____ Hispanic _____ Other _____

Has your child previously been tested for GATE? Yes _____ No _____ If yes, Date of test _____

Name of test (if known) _____

Was your child tested in another district? _____ Name of District _____

Describe any aspects of your child's health, emotional or academic development of which the GATE staff should be aware? _____

Check one:

_____ I wish to have my child tested for GATE eligibility. My signature authorizes permission for assessment. Parents will be notified by the Office of Special Education as to date and time of assessment.

_____ My child has already been identified as GATE eligible, but is not currently enrolled. I wish to enroll my child in the GATE program. Date of desired enrollment: _____

If student is in grade 5 or above, what is the middle school in your area of attendance? _____

Parent Signature

Date

For office use only: Date application received in Special Education Office _____

Gt application 1 2003