



PARENT APPLICATION FOR POSSIBLE PLACEMENT IN GARLAND ISD 2nd GRADE GIFTED EDUCATION PROGRAM

*For Office Use Only
Transportation Zone*
____ Hillside Academy
____ Kimberlin Academy
____ Walnut Glen Academy

Date _____

Directions: Please complete **all** of this nomination form and return it to:

Gifted Program Office - 501 S. Jupiter Rd., Garland, TX 75042 by January 9, 2009.

Date of Test February 7, 2009 **Time of Test** _____

All information on this form will be strictly confidential and will be used to determine the most appropriate educational placement for your child.

Child's Name _____ ID # _____
Last First

Date of Birth _____ Age _____ Sex _____ M _____ F Ethnicity _____

Current School _____ **Teacher's Name** _____

Parent/Guardian's Name _____

Address _____
Street City Zip

Home Phone _____ Fax () _____

Father's Business Phone _____ Fax () _____

Mother's Business Phone _____ Fax () _____

I have another child already identified as gifted and talented, _____ Grade _____
Name of Child
in _____ Academy of Excellence.

I give permission for evaluating my child for possible placement in the GISD Gifted Program.

Parent/Guardian's Signature _____ Date _____

F.Y.I. - Please keep in mind that only Garland ISD testing results will be considered for gifted program placement. No additional test dates will occur unless your child is ill on the day of testing, cannot attend the testing and you have requested the Rescheduling Form from the Gifted Education Program Office within 5 days after the original screening date. A doctor's note verifying the illness must accompany the completed rescheduling form. Also, parents of children being tested must reside within the Garland ISD at the time of application and assessment.