



PARENT APPLICATION FOR POSSIBLE PLACEMENT IN THE GARLAND ISD GIFTED EDUCATION PROGRAM, GRADES 3-5

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 _____

Please call GT office for a testing time at (972) 487-3193.

Child's Name _____ ID # _____

Last First

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

Current School _____ Current Grade _____ Teacher _____

Parent/Guardian's Name _____

Address _____

Street City Zip Mapsco(if known)

Home Phone _____

Father's Business Phone _____

Mother's Business Phone _____

Please complete the following, if applicable:

I have another child already identified as gifted or talented, _____ in grade _____

Name of Child

in _____ Academy of Excellence.

Name of Academy

Please check the area(s) you are nominating your child for. Students who score frequently above 90% in total math or total reading on current standardized achievement tests, grade cards, ability tests and other data need the GT program services.

My child is academically gifted in: _____ Reading _____ Math

I understand that my child is being evaluated for possible placement in the GISD Gifted Program.

Parent/Guardian's Signature _____ Date _____

(Parents of children applying for possible gifted program placement must live within the Garland ISD at the time of application.)