



AREAS OF GIFTEDNESS:  
READING /SOCIAL STUDIES  
OR  
MATH/SCIENCE

PARENT APPLICATION FOR POSSIBLE PLACEMENT IN  
THE GARLAND ISD KINDERGARTEN  
G/T TALENT POOL

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

Date \_\_\_\_\_

Date of Test January 24, 2009 Time of Test \_\_\_\_\_

Please return this form to the Gifted Program Office, 501 S. Jupiter, Garland, Texas, 75042, no later than January 9, 2009.

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

Child's Name \_\_\_\_\_ ID # \_\_\_\_\_  
*Last First*

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ F \_\_\_\_\_ M Ethnicity \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip Mapsco (if known)*

Home Phone (\_\_\_\_) \_\_\_\_\_

Father's Business Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Mother's Business Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

I have another child already attending an academy: \_\_\_\_\_ in grade \_\_\_\_\_  
*Name of child*

in \_\_\_\_\_ Academy of Excellence

Have enrollment forms been completed for a Garland ISD school or private school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, at which school? \_\_\_\_\_  
*School Name Street City Zip*

**Please enroll your child in a public or private kindergarten so that your child has a "seat" secured for the school year.**

I did did not (circle one) attend the GISD parent information meeting.

Please keep in mind that only Garland ISD testing results will be considered for gifted talent pool placement. No other test dates will be provided unless your child is ill on the day of testing, cannot attend the testing and you have requested the *Rescheduling Form* from the Gifted 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.

I give permission for my child to be individually evaluated for possible placement in the gifted education talent pool for academically advanced students.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_