PARENT APPLICATION FOR POSSIBLE PLACEMENT IN THE TECHNOLOGY CENTERS FOR MATH & SCIENCE PROGRAM
OR
DUAL LANGUAGE PROGRAM AT THE CLASSICAL CENTER AT VIAL
KINDERGARTEN

Date_____

Date of Test February 27, 2010 Time of Test _____

Please return this form to the Magnet Program Office, 501 S. Jupiter, Garland, TX 75042 no later than February 25, 2010

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_____
Last *First*

Date of Birth _____ Age_____ Sex __M___F___ Ethnicity____

Parent/Guardian Name_____

Address_____
Street *City* *State* *Zip*

Home Phone (_____)_____

Mother's Business Phone (_____)_____
Father's Business Phone (_____)_____

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

Please keep in mind that only Garland ISD testing results will be considered for magnet program placement.

Please check:
My child is interested in the Math, Science. Technology Magnet Program_____
My child is interested in the Dual Language Magnet Program_____
My child is interested either/both Magnet Programs_____
My child tested for the G/T Program_____

I give permission for my child to be individually tested and evaluated for possible placement in a magnet program.

Parent Signature _____ **Date**_____