

Application for Kindergarten Acceleration

PART ONE (to be completed by parent/guardian) and returned via email to cbe@garlandisd.net

Student's Local ID#: _____ Date of Birth: _____

Home Campus: _____

Name: _____

Last
First
Middle

Address: _____

Street
Apt #

City
State
Zip code

Parent/Guardian's Phone Number: (____) _____

Parent/Guardian's Email Address: _____

If my student qualifies, I would like to apply for a 1st grade magnet program. Yes No

**Note: you must contact the magnet office at gisdmagnetprograms@garlandisd.net to complete a magnet application during the 1st grade magnet application window or the second chance magnet application window.*

*I, the parent/guardian, am aware that placement into first grade will occur the following school year should by child meet the qualifications. I am also aware that acceleration is on a **probationary basis**, and I am aware that my child may be placed back in kindergarten should it be in his/her best social, emotional or academic interest.*

Parent/guardian name Printed

Parent/Guardian Signature

Date

PART TWO (to be completed by RAAD; Results will be forwarded to home campus principal and counselor)

Assessment	Min. RIT score required	Student's RIT score	Met the assessment requirement (80 th percentile)
MAP Growth K-2 Reading	170		
MAP Growth K-2 Math	171		

PART THREE (to be completed by Home campus principal & counselor)

I have confirmed that the student meets all testing eligibility requirements for acceleration through Kindergarten, and I can also confirm that I have met with his/her parent or guardian and have discussed the impact of accelerating through kindergarten and entering first grade.

Principal Signature

Printed Name

Date

Counselor Signature

Printed Name

Date