Community School District Address Address (Phone)



## APPLICATION PART 1 (Student/Parent)

## Middle School Gifted and Talented Program Application

Directions: Students and parents are to complete this application and return it, along with Part 2, to the student's teacher no later than November 17. Please review the descriptions (on another page) ...

Section A: Please use blank ink. Please fill bubbles like O. Not O O O								
Student's Name:								
Address:								
City/State/Zip:			Te	elephone:				
Parent/Guardian								
OSIS#	D <i>i</i> Month	ATE OF BI Day	RTH Year					
(0)       (	O Jan O Feb O Mar O Apr O May O June O July O Aug O Sept O Oct O Nov O Dec	<ul><li>(a)</li><li>(b)</li><li>(c)</li><li>(d)</li><li>(d)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><li>(e)</li><l< td=""><td>(0)       (0)       (0)         (1)       (1)       (1)         (2)       (2)       (2)         (3)       (3)       (3)         (4)       (4)       (4)         (5)       (5)       (5)         (6)       (6)       (6)         (7)       (7)       (7)         (8)       (8)       (8)         (9)       (9)       (9)</td><td>M Male F Female  Current Grade  5 6 7 8</td></l<></ul>	(0)       (0)       (0)         (1)       (1)       (1)         (2)       (2)       (2)         (3)       (3)       (3)         (4)       (4)       (4)         (5)       (5)       (5)         (6)       (6)       (6)         (7)       (7)       (7)         (8)       (8)       (8)         (9)       (9)       (9)	M Male F Female  Current Grade  5 6 7 8				
Current School			Zoned IS/JH	IS School				
O School #1 O School #2 O School #3 O School #4 O School #5 O School #6 O School #7 O School #8 O School #9 O School #10			O School #1 O School #2 O School #3 O School #4 O School #5 O School #6 O School #7 O School #8 O School #9 O School #10					

This form is a sample form for use with Remark Office OMR®.

For more info visit: www.remarksoftware.com

Section B & C. Gifted & Talented Program Preference.

Please review the programs on the provided form and indicate 1<sup>st</sup> and 2<sup>nd</sup> choice by filling the bubble next to the name of the program

1	2	ACADEMIC PROGRAMS	1	2	TALENT PROGRAMS
00000	00000	Advanced Learning Institute Scholar Research Institute Excel Scholars Academy ACE Program Astro Tech	00000000000000000	00000000000000000	Arts (Vocal Music) Arts (Art) Television Communications Lab ALPS XXX Academy (Arts) XXX Academy (Orchestral Music) Creative Arts Acad (Arts) Creative Arts Acad (Vocal Music) Creative Arts Acad (Band) BRAVO Program (Arts) BRAVO Program (Vocal Music) BRAVO Program (Band) BRAVO Program (Drama) Star Institute (Arts) Star Institute (Band) Star Institute (Drama)
	cion C	o:  Applain briefly why you selected specific programs	s as		choices for junior high school.
Stuc	lent's	Signature		_ F	Parent's/Guardian's Signature
Date	•			С	Date

Notification of your child's status for the programs will be sent from the District Office by March 17