



REQUEST FOR TESTING
GIFTED OFFICE
SCHOOL DISTRICT U-46

Today's Date: \_\_\_\_\_

Students may test once for the elementary program and once for the middle school program. Students who are identified for gifted services and choose to defer enrollment are not eligible for entrance until the next program level at which time they will need to re-qualify.

Student's Legal Name: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Male Female Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_
City, State Country if not USA

Ethnic: Hispanic/Latino of any race American Indian/Alaska Native (not Hispanic) Asian (not Hispanic)
Black (not Hispanic) Native Hawaiian/Other Pacific Islander (not Hispanic) White (not Hispanic)
Multiracial (not Hispanic)

Is a language other than English spoken in student's home? Yes No If yes, what language? \_\_\_\_\_

Does student speak language other than English? Yes No If yes, what language? \_\_\_\_\_

Has this child or any other child in the family attended any District U- school before?
This child Yes No Siblings Yes No

School is transferring from: \_\_\_\_\_ Current Grade: \_\_\_\_\_

As part of the selection process, we ask classroom teachers to complete an evaluation form.

May we contact the school? Yes No

If yes, please provide the teacher's name: \_\_\_\_\_

Parent (guardian):

Form for Parent/Guardian 1: Name, Date of Birth, Relationship to Student, Resides with student, Home phone, Work Phone, Cell Phone, E-mail Address

Form for Parent/Guardian 2: Name, Date of Birth, Relationship to Student, Resides with student, Home phone, Work Phone, Cell Phone, E-mail Address

Return to: U-46 Gifted Office, 355 E. Chicago St., Elgin, IL 60120 • FAX 847-608-2778 • gifted@u-46.org