



1875 W. Lowell Avenue
Tracy, CA 95376
(209)830-3200

<https://www.tracy.k12.ca.us/programs/gate>

APPLICATION FORM FOR 2021 – 2022 SCHOOL YEAR

STUDENT Information:

Last Name: _____ Middle Name: _____ First Name: _____

Street Address: _____
Street Address City Zip Code

Student Date of Birth: _____ Current Grade Level: _____

Gender: _____

Current School: _____

PARENT/GUARDIAN Information:

Parent/Guardian #1 Name Cell Phone Home Phone Work Phone

Parent/Guardian #1 Email Address

Parent/Guardian #2 Name Cell Phone Home Phone Work Phone

Parent/Guardian #2 Email Address

Has your child previously been tested for GATE? Yes _____ No _____ if yes, Date of test _____

Was your child tested in another district? _____ Name of District _____

My child has already been identified as GATE eligible: Yes _____ No _____

If student is in grade 5 or above, what is the middle school in your area of attendance? _____

I, _____ (print your name) verify that the above information is true, accurate and complete.

Parent/Guardian Signature

Date