

“Early Access” Entrance Application

 This application is for: **Kindergarten** Early Access **1st Grade** Early Access

Student Information			
Name:		Birthdate:	<input type="checkbox"/> M <input type="checkbox"/> F

Parent/Guardian 1		Parent/Guardian 2	
Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Email:		Email:	

Information & Acknowledgements	
1. School: Which school(s) are you considering for enrollment?	
2. Previous Testing: Has your child already received gifted or IQ testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, please attach a copy of test scores)</i>
3. Educational Disability: Has your child been identified as having an educational disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, please attach a copy of IEP/504)</i>
4. Authorization for Testing: I authorize Mapleton Public Schools to administer the relevant assessments to determine the appropriate educational placement for my child. This may include individual IQ testing with a district-licensed school psychologist. If outside IQ testing is obtained by families, please submit the full testing report with your application.	_____ <i>(parent initials required)</i>
5. Screening Fee: I understand a \$50 screening fee must be paid at the time of application submission. To waive this fee, a Free/Reduced Lunch Program application must be completed and attached – or on file.	_____ <i>(parent initials required)</i>
6. Gifted Status: I understand this application is for Highly Gifted children (in the 97 th percentile or higher).	_____ <i>(parent initials required)</i>
7. Registration: I understand if Early Access placement is not granted, I must register my child for his/her regular grade level.	_____ <i>(parent initials required)</i>

Parent/Guardian Signature:		Date:	
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Please return the completed application to the “Gifted Education Program” at the address listed above.