



# Bellevue School District's Advanced Learning Application for Advanced Learning Services

for Students who Tested out of District and are Applying to BSD

**RETURN THIS FORM VIA EMAIL TO:** [advancedlearning@bsd405.org](mailto:advancedlearning@bsd405.org)

Name of Student: \_\_\_\_\_  F  M  X

BSD School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

BSD Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Preferred Date of Enrollment:  Immediately  Fall of (YEAR) \_\_\_\_\_

Is the student a child of a military family in transition?  Yes  No

Preferred Email \_\_\_\_\_ Preferred Phone Number \_\_\_\_\_

Alternate Email \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Please type your complete name as your signature \_\_\_\_\_ Date \_\_\_\_\_

***By typing your name above, you confirm that your name serves as your signature and verifies you are authorized to provide this information. It also gives us permission to contact your previous school district in order to confirm your child's highly capable status.*** Please attach copies of the tests that your child took to get into the highly capable program at your previous district, including any recent achievement data.

**STOP! For Office Use Only Below this Line**

Scores: VSAS	_____	<input type="checkbox"/> APPROVED (SC)	<input type="checkbox"/> Cherry Crest
QSAS	_____		<input type="checkbox"/> Medina
NSAS	_____	<input type="checkbox"/> APPROVED (DS)	<input type="checkbox"/> Somerset
CSAS	_____	<input type="checkbox"/> Literacy (Verbal)	<input type="checkbox"/> Woodridge
RT	_____	<input type="checkbox"/> Math (Quantitative)	<input type="checkbox"/> Odle
MT	_____		<input type="checkbox"/> Tye
OTHER	_____	<input type="checkbox"/> NOT APPROVED	<input type="checkbox"/> Interlake

Additional Achievement Assessments: \_\_\_\_\_

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Notified: \_\_\_\_\_  US Mail  Email