Jefferson School District
Gifted and Talented Education Program
Student Application for GATE Admission (SAGA)

Select the type of GATE application:
- ☐ Parents who wish to have their child tested for and enrolled in the District's GATE Program
  (This application must be filled out for students who have not been tested, upon results student will be enrolled in the GATE program.)
- ☐ Parents who wish to have their child enrolled in the District's GATE program
  (This application must be filled out for students who have not been enrolled in the Jefferson School Districts GATE Program, but meet the GATE Plan's High Achievement eligibility.   High Achievement means the student has scored "Advanced" on the STAR California Standards Test in English Language Arts for two consecutive years and "Advanced" on the STAR California Standards Test in Math for two consecutive years.)

Please return this form to your student's school office.

Student's Name: _____Birth date: _____ M/F_____

School of Attendance: _____ Current Grade: _____

Parent/Guardian Names: _____

Address: _____

Home Phone: _____ Work Phone: _____

Ethnicity: American Indian_____   African American _____   Asian_____

Pacific Islander _____ Filipino_____ Caucasian_____ Hispanic_____ Other_____

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

test_____ Name of Test (if known) _____

District in which child was tested_____

CHARACTERISTICS EVIDENCED BY YOUR CHILD. (Please check those that apply.)

_____Extensive Reading	_____Positive self-image
_____Interest in academic activities	_____Experiments with new ideas
_____Strong motivation to learn	_____Intellectual Curiosity
_____Proficiency in basic skills beyond grade level	_____Self understanding
_____Exceptional memory	_____Critical thinking
_____Advanced vocabulary, verbal fluency	_____Ability to solve problems
_____Wide range of interests	_____Originality of thinking
_____Acceptance of responsibility	_____Complex sense of humor
_____Ability to work independently	_____Interacts w/ intellectual peers
_____Advanced research skills	_____Acceptance of leadership roles
_____Goal directed	

My signature authorizes permission for assessment and placement for the GATE program.

_____   _____
            Parent Signature   Date

For office use only: Date application received _____

JSD GATE
2006/07