
Qualifying for SummerGATE (grades K-5)

My child qualifies to apply for participation in SummerGATE because **(check only one)**:

- My child attended SummerGATE previously in _____ (year).
- My child is identified as "Gifted." (Please attach documentation.)
- My child scores at or above the 85th percentile in standardized tests.
- My child's present teacher recommends SummerGATE participation. (see below)

Teacher Recommendation

I recommend _____ (child's name) for SummerGATE. I believe a program for capable learners is an appropriate placement for this youngster.

Teacher's name: _____ School: _____

Signature: _____

SummerGATE Buddies

If you want to be in a class with a friend, please list his/her name below. We will do our best to accommodate your request.

_____ (friend's first and last name)

Alternate Class Choices

We do our utmost to place SummerGATE students in their classes of choice in the requested order. Next, we try to place students in their classes of choice in a *different* order. Sometimes, however, we are unable to place a student in a particular class at any time. In such cases we can serve you better if you list classes you would like to take if your first choices (listed on the front of the form) are unavailable.

Please do not list any classes below that are already listed on the front of your application. This is an area to select BACK-UP choices.

Session I	If my other choices are full, please enroll me in: (name of Class)
Morning Classes	
1st Alternate Choice:	
2nd Alternate Choice:	
Afternoon Classes	
1st Alternate Choice:	
2nd Alternate Choice:	

Session II	If my other choices are full, please enroll me in: (name of Class)
Morning Classes	
1st Alternate Choice:	
2nd Alternate Choice:	
Afternoon Classes	
1st Alternate Choice:	
2nd Alternate Choice:	