

DAVIS JOINT UNIFIED SCHOOL DISTRICT
Gifted and Talent Education Program

Parent Permission Form - 3rd GRADE

This form is provided to parents/guardians to allow the district to maintain test records identifying their child as eligible for the DJUSD Gifted and Talented Education Program. Please complete this form as completely as possible and **RETURN TO THE GATE OFFICE, DJUSD, 526 B Street, Davis, CA 95616.**

Name of Child _____ Gender ____ Age ____ Birthdate ____
Please print: First Middle Last

Home Address _____ City _____ Zip _____

Parent/Guardian _____ Phone (home) _____ (work or cell) _____

Email _____ (will **not** be shared)

Racial/Ethnic Category (Check one):

- American Indian/
Alaskan Native Asian (Specify) _____ Pacific Islander Filipino Hispanic Black, not of
Hispanic origin White, not of
Hispanic origin

Language spoken in home _____ Is child bilingual? _____

School of Attendance: _____ Current Grade ____ Teacher _____

Neighborhood School: _____ (required if different from school of attendance)

Indicate any special service or health conditions which impact your child (e.g. RSP, asthma, etc.)

Complete this section only if child was identified GATE in another district:

My child was GATE identified in _____ District in _____ year.
(Please provide documentation or contact information)

- I have attached GATE verification from my previous district.
 I requested my previous district to send my child's GATE test results to Davis.

If further testing is recommended, I will be contacted.

Signature required:

I give permission for Davis Joint Unified School District, Gifted and Talented Education Program, to maintain confidential records regarding my student's eligibility for the program.

Parent/Guardian Signature _____ Date _____

Please return this form to: GATE Office, DJUSD, 526 B Street, Davis, CA 95616.