



## Gifted Program Request and Application

Student Name: \_\_\_\_\_  
Last First

Parent Name (s): \_\_\_\_\_  
Last First

Current Address: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Parent Cell Number: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

School Presently Attending: \_\_\_\_\_ Present Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

School year applying for: \_\_\_\_\_ Grade level applying for: \_\_\_\_\_

School your student will be attending:

\_\_\_\_\_ McDowell Mountain Elementary School (K-3), 480-664-5211

\_\_\_\_\_ Fountain Hills Middle School (4-8) 480-664-5411

The following must be attached to this application:

1. A copy of your child's most recent standardized test scores (AZ Merit, AIMS, Stanford 10's)
2. A copy of your child's most recent report card Please hand deliver, fax, email or mail the completed application directly to your child's building site. **Only completed applications will be accepted for testing.**

Notification of test results will be sent via mail 30 days after each testing window