

• **FOURTH GRADE GATE TESTING ***

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MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
GIFTED AND TALENTED EDUCATION (GATE)

May 6, 2009

Pacific Elementary School

Room 27 – 2:00 p.m.

PARENT PERMISSION FORM FOR GATE SCREENING

Parents who elect to have their children screened for the gifted program must give written permission. The test of cognitive ability used by the Manhattan Beach Unified School District is the Otis-Lennon School Ability Test (OLSAT).

___ I request that my child participate in the OLSAT testing.

Name of Child _____

Exact Age in June: Years ____ Months ____ Example: Years 10 Months 4

Date of Birth _____ Male ____ Female

Home Address _____

City _____ Zip _____

Phone Number _____

School _____ Teacher _____

Parent Name (printed) _____

Parent Signature _____

Date _____

Please complete and return this form to:

Alyse McDonald, Pacific School Office before May 1, 2009

1200 Pacific Ave., Manhattan Beach, CA 90266