

**GRAPEVINE-COLLEYVILLE INDEPENDENT SCHOOL DISTRICT  
EXAMINATIONS FOR ACCELERATION**

**Registration Form**

for

**Acceleration into First Grade (2008-09 School Year)**

**Exam Registration Deadline: July 1<sup>st</sup>**

**Test Dates: August 4<sup>th</sup>, 5<sup>th</sup> or 6<sup>th</sup>**

**Location: O. C. Taylor Elementary School**

As the parent/guardian of the student named below, I hereby request that s/he be administered the examinations for acceleration as indicated. The examinations are administered to students free of charge. A GCISD staff member will be present on each of the testing days. GCISD does not provide transportation to the testing site. I have read the accompanying information packet and am aware of the purpose and procedures of examinations for acceleration.

**PLEASE PRINT:**

Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

2008-09 Campus Assignment: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Home Address (Must have complete mailing address in order to complete registration.):

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Exams to be administered:** Language Arts, Math, Developmental Abilities

**First Choice for Testing Date (circle one):**      **August 4**      **August 5**      **August 6**

**Second Choice for Testing Date (circle one):**      **August 4**      **August 5**      **August 6**

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Today's Date)

Please return this form to the Director of Assessment, Research, & Evaluation, GCISD, 3051 Ira E. Woods Ave., Grapevine, TX 76051, by the registration deadline.

You will be contacted with an exact time for testing.