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Manhattan Beach Unified School District

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MANHATTAN BEACH UNIFIED SCHOOL DISTRICT PARENT/GUARDIAN PERMISSION FORM GATE TESTING

I understand that my child may not be tested for GATE identification without my permission.

_____ I request that the Otis-Lennon School Ability Test be administered to my child on Thursday, March 7, 2019 beginning at 3:00p.m. in Room D-2 at Grand View Elementary School.

Student Name:

First: _____ Middle Initial: _____ Last: _____

Date of Birth (mm/dd/yyyy): _____

Exact Age on 3/7/19 (example: Years: 10 Months: 4) Years: _____ Months: _____

Select One: Male: _____ Female: _____

School: _____ **Current Grade:** _____

Home Address: _____

City: _____ **Zip Code:** _____

Phone Number: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Name (Signature): _____

Date: _____

Please return this form to Kathy Poje, school Office Manager. Forms are due by Friday, March 1, 2019.