

Michael D. Matthews, Ed.D.  
Superintendent



Board of Trustees

Jennifer Cochran  
Jen Fenton  
Bill Fournell  
Karen Komatinsky  
Sally Peel

# Manhattan Beach Unified School District

325 South Peck Avenue • Manhattan Beach • California 90266 • (310) 318-7345 • FAX (310) 303-3822

## MANHATTAN BEACH UNIFIED SCHOOL DISTRICT PARENT/GUARDIAN PERMISSION FORM GRAND VIEW 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  
Wednesday, March 18, 2020.

**Student Name:**

First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

**Date of Birth** (mm/dd/yyyy): \_\_\_\_\_

**Exact Age on 3/18/2020** (example: Years: 10 Months: 4)      Years: \_\_\_\_\_ Months: \_\_\_\_\_

**Select One:**    Male: \_\_\_\_\_ Female: \_\_\_\_\_      **Teacher:** \_\_\_\_\_

**School:** \_\_\_\_\_      **Grade:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_      **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Parent/Guardian Name (Printed):** \_\_\_\_\_

**Parent/Guardian Name (Signature):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Note – Students may be tested once per school year or twice in any three-year period. If a student took the test in 3<sup>rd</sup> and 4<sup>th</sup> grade they may not take the test again until 6<sup>th</sup> grade.**

Please return this form to Kathy Poje in the front office. Forms are due no later than Wednesday, March 11, 2020.